## FILE NOW: FILING FEE AFTER MAY 1ST IS \$356.00

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris co 1151 16 AN 10: 26 **ANNUAL REPORT** Secretary of State 1999 **DIVISION OF CORPORATIONS** CHEADUSEE, FLORIDA DOCUMENT # P97000021198 VALENTINE TRUCKING, INC. Principal Place of Business Malling Address 214-A NORTH THIRD STREET C/O ROBERT R CYRUS LEESBURG FL 34748 P.O. BOX 491635 DO NOT WRITE IN THIS SPACE LEESBURG FL 34749-1635 3. Date Incorporated or Qualifed 03/06/1997 EEI Number 59-3482330 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 1630 Youth Camp Road ATTENTAN 26 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Groveland, Country 8. This corporation owes the current year Intangible ☐ Yes 25 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CYRUS, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 214-A NORTH THIRD STREET LEESBURG FL 34748 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Bignisture, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change 1.1 TITLE TITLE CR2E034 12 HAME VALENTINE, ROBERT L MAME 1630 YOUTH CAMP ROAD 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GROVELAND FL 34736** 1.4 C/TY - ST - Z/P Addition ☐ Change DELETE 21 TITLE TITLE 2.2 HALE HAVE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [ ] Addition OELETE 3 1 TITLE Change TITLE NAME 12 MAKE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-87-ZIP DELETE [ ] Change ☐ Addition 4.1 TITLE TITLE MALE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CRTY-ST-ZIP CITY-ST-ZIP [] DELETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 90009 040 \$150.00 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 617ITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.