## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000027111 1. Corporation Name

H & G TRUCKING, INC.

1999

| Principal Place of Business | Mailing Address                     |
|-----------------------------|-------------------------------------|
| 2028 26TH STREET NW         | 2028 26TH STREET<br>WINTER HAVEN FI |

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90218 013 \*\*\*150.00



| Principal Place of Bu                   | ısiness  | Mailing Address                |                                       |                                  | i ideitab) tia jaitt taati geitt ger            | . 48111 AMILA ()           |            | n 11667 Mei 1661 |  |
|---|--|--------------------------------|---------------------------------------|----------------------------------|---|----------------------------|------------|------------------|--|
| 2028 26TH STREET NW 2028 26TH STREET NW |  |                                |                                       | 1                                |   |                            |            |                  |  |
| = * = :                                 |  | WINTER HAVEN FL 33881          | WINTER HAVEN FL 33881                 |                                  | DO NOT WRIT                                     | DO NOT WRITE IN THIS SPACE |            |                  |  |
|   |  |                                |                                       |                                  | 3. Date Incorporated or Qualifed                | <u> </u>                   | J. 7.02    |                  |  |
|   |  |                                |                                       |                                  | 03/21/1997                                      |                            |            | ļ                |  |
| 2. Principal Place of                   | f Rusiness   | 2a. Mailing Address            | -                                     |                                  | 4. FEI Number                                   |                            | TA         | pplied For       |  |
| 21                                      | Dudinou  | 26                             |                                       |                                  | 59-3436342                                      |                            | -          | ot Applicable    |  |
| Suite, Apt. #, etc.                     |  | Suite, Apt. #, etc.            |                                       |                                  |   |                            | \$8.75     | Additional       |  |
| 27                                      |  |                                |                                       | 5. Certificate of Status Desired |   | Fee F                      | tequired   |                  |  |
| City & State                            |  | City & State                   |                                       |                                  | 6. Election Campaign Financing                  |                            | \$5.00     | May Be           |  |
| 23                                      |  | 28                             |                                       |                                  | Trust Fund Contribution                         |                            | Added      | to Fees          |  |
| Zip                                     | Country  | Zip                            | Country                               | ′                                | 8. This corporation owes the curre              | -                          |            |                  |  |
| 24                                      |  | 29 3                           | 0                                     |                                  | Personal Property Tax.                          |                            | ☐ Yes      | □No              |  |
|   | 1970. 1770b  | Basistarad Agent               | 81                                    | Name                             | 10. Name and Address of New R                   | egistered A                | gent       |                  |  |
| George Hanlon                           |  |                                |                                       | Name                             |   |                            |            |                  |  |
|   | 768 S. Water   |                                | 82                                    | Street Ad                        | Address (P.O. Box Number is Not Acceptable)     |                            |            |                  |  |
|   | Barefoot Ba  |                                | 83                                    |                                  |   |                            |            |                  |  |
|   |  |                                | 03                                    |                                  |   |                            |            |                  |  |
|   | 32976-73   | 10                             | 84                                    | City                             |   | EI                         | 85 Zip     | Code             |  |
| 11 Dunawani ta tha                      | provisions of Sections 607 0502  | and 607 1509. Elorida Statutes | the abov                              | e-named co                       | rporation submits this statement for the        | purpose of c               | hanging it | s registered     |  |
| office or register                      | red agent, or both, in the State of illiar with, and accept the obligation | Florida. Such change was auti  | horized by                            | the corpora                      | tion's board of directors. I hereby accep       | t the appoint              | tment as r | egistered        |  |
| SIGNATURE                               |  |                                |                                       |                                  |   |                            |            |                  |  |
| Signatu                                 | re, typed or printed name of registered agent :                            |                                |                                       | nt signature requi               | ired when reinstating) ADDITIONS/CHANGES TO OFF | DATE AND                   | DIPECT     | OPS IN 12        |  |
| 12.                                     | OFFICERS AND   | DIRECTORS                      | 13.                                   |                                  | ADDITIONS/CHANGES TO OFF                        | TICERS AND                 | Change     |                  |  |
| TITLE PTD                               | i<br>General Maria da an   |                                | 1.1 TITLE<br>1.2 NAME                 |                                  |   |                            | <b>4</b> a |                  |  |
| NAME G                                  | eorge Anneo  | <b>V</b>                       |                                       | TADDDESS                         |   |                            |            | 1                |  |
| -7685 waterway In -                     |  |                                | 1.3 STREET ADDRESS<br>1.4 City-St-ZiP |                                  |   |                            |            |                  |  |
| CITY-ST-ZIP                             | George HANLOW  -7685 waterway In  Bare foot Bay, FL 32976                  |                                |                                       | 51-21                            | <del></del>                                     |                            | ☐ Change   | ☐ Addition       |  |
| NAME (ST)                               |  |                                |                                       |                                  |   |                            |            |                  |  |
| STREET ADDRESS                          | Helei  | ı Hanlon                       | 2.2 NAME<br>2.3 STREE                 | TADORESS                         |   |                            |            |                  |  |
| CITY-ST-ZIP                             | 768.S. W   | <sup>J</sup> aterway Dr        | 2. 4 CITY-                            | -                                |   |                            |            |                  |  |
| TITLE                                   | Darala Parala  | at Par of LETE                 | 3.1 TITLE                             | -                                |   |                            | ☐ Change   | ☐ Addition       |  |
| NAME                                    |  | ot Bay, H.                     | 3.2 NAME                              | i                                |   |                            |            |                  |  |
| STREET ADDRESS                          | 329  | 76-7310                        | 3.3 STREE                             | TADDRESS                         |   |                            |            | {                |  |
| CITY-ST-ZIP                             |  | - —                            | 3.4. C(TY-                            | ST-ZIP                           |   |                            |            |                  |  |
| TITLE                                   |  | ☐ DELETE                       | 4.1 TITLE                             |                                  |   |                            | Change     | ☐ Addition {     |  |
| NAME                                    |  |                                | 4. 2 NAME                             |                                  |   |                            |            | İ                |  |
| STREET ADDRESS                          |  |                                | 4.3 STREE                             | T ADDRESS                        |   |                            |            | į                |  |
| CITY-ST-ZIP                             |  |                                | 4.4 CITY-5                            | ST-ZIP                           |   |                            |            |                  |  |
| TITLE                                   |  | ☐ DELETE                       | 5.1 TITLE                             |                                  |   |                            | ☐ Change   | - ☐ Addition     |  |
| NAME                                    |  |                                | 5.2 NAME                              |                                  | _   |                            |            |                  |  |
| STREET ADDRESS                          |  |                                |                                       | T ADDRESS                        | •   |                            |            |                  |  |
| CITY-ST-ZIP                             |  |                                | 5.4 CITY-5                            | ST-ZIP                           | <u> </u>  |                            |            |                  |  |
| TITLE                                   |  | ☐ DELETE                       | 6.1 TITLE                             |                                  |   |                            | ☐ Change   | Addition         |  |
| NAME                                    |  |                                | 6.2 NAME                              | 1                                |   |                            |            |                  |  |
| STREET ADDRESS                          |  |                                |                                       | TADDRESS                         |   |                            |            |                  |  |
| CITY-ST-ZIP                             |  | _                              | 6.4 CITY-5                            | ST-ZIP                           |   |                            |            |                  |  |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

March 8, 1999