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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthám

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000030390 (3)

## **FILED** May 21 1998 8:00am Secretary of State

Principal Pla	AEL PADGETT TRUCKING, I	NC.  Mailing Address										
RT 2 BOX 1	940 ARY FL 32040	RT 2 BOX 1940 GLEN ST MARY FL 320	40									
	THE THE THE T	OCCIT OF WARTE TE OED	<del></del>			DO NOT WRITE IN THE	S SF	PACE	Ē			
						3. Date Incorporated or Qualified 04/03/1997						
2. Principal	2. Rincipal Place of Business  1 Kt2 604 1940  26 60m 8					4. FEL Number 14932			Applied For Not Applicable			
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	Additional equired					
City & State						6. Election Campaign Financing	Election Campaign Financing \$5.00 Ma					
23 0 (4 N S + W S C ) 28   Zip   Zip			Coul	ntru		Trust Fund Contribution						
24 T ()	ndO 5 TXSA	29	30	i i ii y		<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>		nt ye Yes	_	angible ] No		
- Q- V	9 Name and Address of Curre		130			10. Name and Address of New Registered			. –	7 140		
P/	ADGETT, ANN			81	Name	10.				·		
	Г 2 <b>BO</b> X 1940		}	82	Ctroot Addre	ess (P.O. Box Number is Not Acceptable)						
Gi	LEN ST MARY FL 32040			اء"	Sireer Addre	ess (F.O. Box Number is Not Acceptable)						
			ľ	83								
•			-	84	City			95	Zip (	Codo		
					-	Fi	L	85	•			
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig Signature typed or proced out in the polerest age					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	poi	ntme	nt as	registered		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	Agon	signature reduire	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID F	VIDE:	CTOR	C IN 10		
TITLE			1.1 111	LE		ADDITIONS/CHANGES TO OFFICERS A		Ch		Addition		
NAME	michael nibadget	*	1.2 NA	ME					·	_		
STREET ADDRESS	849 BOX 1440	( · · · · · · · · · · · · · · · · ·	1.3 STF	REET AC	DAESS							
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TITLE	Ann Product SCC TV	POS DELETE	21 111	LE				Ch	ange	Addition		
NAME	Ann Padger		2.2 NA	ME								
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NAME			3.2 NA									
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NAME			5.2 NAM				٠	J 0111	yo	ROUIIOII		
STREET ADDRESS			5.3 STR		DRESS	.*						
CITY-ST-ZIP			5.4 CIT									
TITLE		DELETE	6.1 T/TL		·"		Т	Cha	anne	Addition		
NAME	1	— · · · · · ·	6.2 NAN		ļ		-		8~	- MONIO		
STREET ADDRESS			6.3 STR		ORESS							
CITY-ST-ZIP			6.4 CITY									
	certify that the information supplied w	ith this filing does not qualify for	or the ever	nntin	n stated in S	ection 119.07(3)(i), Florida Statutes. I further o	ortif	u the	-1 tho	information		

indicated on this arrival report or supplemental arrival 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.