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

PHOFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT C STATE

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 22 1998 8:00am Secretary of State



DOCUMENT #	P97000033515	(2)
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KEVIN C. DEVRIES TRUCKING, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

21293 MARIGOLD AVE. PORT CHARLOTTE FL 33952

2. Principal Place of Business

21293 MARIGOLD AVE. PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

21 433	MEDITERRANGAN UK.	26 1433 MEDIT	chemian	0.2 59 5 5 5 7 5 7 9 1 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
	PT. E	27 APT E		Fee Required		
City & State	<i>r</i>	City & State	F.	6. Election Campaign Financing \$5.00 May Be		
23 YUNTA	Country	28 YUNGA YOR		Trust Fund Contribution Added to Fees		
24 <sup>24</sup> 33°	150 🗀 🗀	29 33950 30	Country CHARLEST	8. This corporation owes or has paid the current lear Intangible Personal Property Tax due June 30.		
24 00	9. Name and Address of Current		GANIAU I	10. Name and Address of New Registered Agent		
PER MANUAL RELIGION AND AND AND AND AND AND AND AND AND AN						
l	93 MARIGOLD AVE.		20 0	DE VRIES, KEVIN C.		
	RT CHARLOTTE FL 33952		82 Street /	Address (P.O. Box Number is Not Acceptable) 3 MEO: TENRALES DR. APT E		
'0'	THE COURT OF THE C		83	AS THE MOTE PRO PR. 7(F)		
				A		
			84 City	$p_{\text{UNTA}}$ Gurda FL $p_{\text{UNTA}}^{\text{B5}}$ $p_{\text{UNTA}}^{\text{ZDCode}}$ SO $p_{\text{UNTA}}^{\text{DCode}}$		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	cornoration submits this statement for the nurpose of changing its registered		
Office or re	egi <b>ste</b> red agent, or both, in the State of m <b>fam</b> iliar with, and accept the obligati	i Florida. Such change was auth	norized by the corb	poration/s board ordirectors. I hereby accept the appointment as registered		
SIGNATURE	KEVIN C. DEVRIE	)	2:	1.10.98		
O/G/1/1/O/IL	Signature, typed or printed name of registered agent	and titlu if applicable (NOTE R	egistered Agont sumature	required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition		
NAME	DEVRIES, KEVIN C		1.2 NAME	1433 MEDITERDAME AN DR. APT. E		
STREET ADDRESS	21293 MARIGOLD AVE.		1.3 STREET ADDRESS	- A		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	PUNTA GIORDA, EL 33950		
TITLE	D	☐ DELETE	2.1 TITLE	Ma Change ☐ Addition		
NAME	DEVRIES, CHRISTINE A		2.2 NAME	1433 MEDITERRANEAN DR. ALT. E		
STREET ADDRESS	21293 MARIGOLD AVE.		2.3 STREET ADDRESS	1433 MEDITERRANEAN DR. Apt. E PUNTA GORDA FL. 33950		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	T OF LETT	2 4 CITY-ST-ZIP	TUNTA GORDA (2. 33730		
TITLE		DELETE	3 1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP	144	DELETE	3.4. CITY-ST-ZIP	Tobara Dagger		
TITLE			4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELET <b>É</b>	4.4 CITY+ST-ZIP 5.1 TITLE	Change Addition		
				CT cranda CT vanisani		
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY-\$T-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition		
NAME		F" DETEL		LI Criange LI Addition		
			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
DHY-SI-ZP			6.4 City - St - 7iP	i i		

14. Thereby certify that the information supplied with this fring 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 of trustee employered 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.

CR2E034 (10/9

Applied For