


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90123 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000033515**

1. Corporation Name  
**KEVIN C. DEVRIES TRUCKING, INC.**



Principal Place of Business 1433 MEDITERRANEAN DR APT E PUNTA GORDA FL 33950 US	Mailing Address 1433 MEDITERRANEAN DR APT E PUNTA GORDA FL 33950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8495 ALAN BLVD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>PUNTA GORDA FL.</b> Zip 24 <b>33982</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>8495 ALAN BLVD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>PUNTA GORDA FL.</b> Zip 29 <b>33982</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/10/1997</b>	4. FEI Number <b>59-3449311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DEVRIES, KEVIN C**  
**1433 MEDITERRANEAN DR APT E**  
**PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name **DEVRIES, KEVIN C.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8495 ALAN BLVD.**  
 83  
 84 City **PUNTA GORDA** FL 85 Zip Code **33982**

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 *Kevin C. DeVries* **KEVIN C. DEVRIES** DATE **01-03-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEVRIES, KEVIN C</b>
STREET ADDRESS	<b>1433 MEDITERRANEAN DR APT E</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEVRIES, CHRISTINE A</b>
STREET ADDRESS	<b>1433 MEDITERRANEAN DR APT E</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DEVRIES, KEVIN C.</b>
1.3 STREET ADDRESS	<b>8495 ALAN BLVD.</b>
1.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DEVRIES, CHRISTINE A.</b>
2.3 STREET ADDRESS	<b>8495 ALAN BLVD.</b>
2.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 any attachment with an address, with all other like empowered.

SIGNATURE: *Kevin C. DeVries* **KEVIN C. DEVRIES** DATE **01-03-99** Daytime Phone # **941-505-8170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)