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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034739 (7)

MESEAN TRUCKING, INC.

FILED Feb 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-   10311001110 95111 18011 6511	I <b>10</b> 44 <b>1041 1040 1</b> 4	(I) (J)())    (J)()	<b>110 IUI IU</b> I	
355 ARTEMIS BLVD 355 ARTEMIS BLVD										
MERRITT ISLAND FL 32953		MERRITT ISLAND FL 32953			DO NOT WOLT IN THE STATE					
					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qua	IIIIOO			
2. Principal Pl	ace of Business	2a, Mailing Address			····	04/17/1997 4. FEI Number			plied For	
1	,	26	<del>-</del> j			59-344	209		ot Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.							Additional	
22		27			5. Certificate of Status Desir	ed LJ	Fee Ro	equired		
City & State	,	City & State			<b></b>	6. Election Campaign Finan-	cing	\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zìp			<del>  -  </del>	Country		8. This corporation owes or				
4	25 Name and Address of Curren	29	30]	1		Personal Property Tax du  10. Name and Address of N			No	
g, Name and Address of Current Registered Agent					Name 🔿		<del></del>			
AMERILAWYER CHARTERED				LATRICK G. GLEASON						
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street Addre	ss (P.O. Box Number is Not Ac		otable)		
00	MAL GADLES PL 33134			83		S ARIEIIIS I	JEUD.			
				Щ.						
				84	City	PRITT ISLAND	FL		Code 29.53	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the al	bove-r	named corpo	pration submits this statement for	or the purpose of	changing it	s registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was tions of Section 607 0505. F.	authorizea Iorida Stat	d by ti	he corporation	on's board of directors. I hereby	accept the app	xointment as	registered	
- 1	11 1/2 1/2	1 27 /			MSON	PRES.	2/	14 190	,	
				d Agent	signature required	d when reinstating)	DATE	<del>-</del> //-	·——	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AND			
TITLE	PSTD	☐ DELETE	1.1 TI					L Change	Addition	
NAME	GLEASON, PATRICK G		1.2 NA							
STREET ADDRESS				REET AC	· i					
CITY-ST-ZIP	MERRITT ISLAND FL 32953	DELETE		TY-ST-	ZIP			Change	Addition	
TITLE				2.1 TITLE				Charige	ווטוווטוא []	
NAME CAREET ARROSEC			2.2 NAME 2.3 STREET ADDRESS		20000					
STREET ADDRESS			1	IKEET AL ITY-ST-						
CITY-ST-ZIP TITLE		DELETE	3.1 1)1		ZIP			Change	Addition	
NAME		عادداد کی	3.2 NA					Change		
STREET ADDRESS				REET AD	OBESS					
CITY-ST-ZIP				ITY-ST-						
TITLE		DELETE	4.1 Til		<del></del>			Change	Addition	
NAME			4. 2 N	AME				-		
STREET ADDRESS				REET AD	DRESS					
CITY-ST-ZIP			4.4 Ci	TY-ST-2	ZIP					
TITLE		DELETE	51111	TLE				☐ Change	Addition	
NAME			5.2 NA	ME	1				}	
STREET ADDRESS			5.3 ST	AEET AD	DRESS					
CITY-ST-ZIP			5.4 Ci	TY-ST-Z	ZIP					
TITLE		DELETE	6.1 TIT	LE				Change	Addition	
NAME			6.2 NA	ME	1					
STREET ADDRESS			6.3 ST	REET AD	DRESS					
CITY-ST-ZIP				Y-ST-		440.07/03/6		100 10 100		
14. I hereby ce	ertify that the information supplied wit	n inis illing goes not gualify f	or the exe	MOTO	n stated in S	ection 119.07(3)(I). Florida State	ales. I further ce	auty that the	information	

indicated on this annual report or suppliemental 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 receivor 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.

SIGNATURE -

11 /

2/16

407-453-5657