1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000036145**

1. Corporation Name

BONOTTO TRUCKING, INC.

Principal Place of Business

Mailing Address

877 SHED STREET

103 E. LAUREN COURT

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90113 022 \*\*\*150.00



OVIEDO FL 32765		FERN PARK FL 32730		DO NOT WRITE IN THIS SF	PACE
				3. Date Incorporated or Qualifed	
				04/21/1997	
2. Principal P	lace of Business	2a. Mailing Address	. I	4. FEI Number	Applied For
21		26 877 Shed S	treet	59-3444303	Not Applicable
- Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Controlle of Charles Booker	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28 UVICOO, TL	<u>-</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	
24	25	29 32765 30	u.s.	, ordenan ropany	Yes No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name At A A A A A A A A A A A A A A A A A A					
DEL	JDE, EDWARD G		o i italic	Mary Ann Bonotto	
103 E. LAUREN COURT			82 Street	Address (J.O. Box Number is Not Acceptable)	
	N PARK FL 32730		83	811 shed street	
			65	·	J
•			84 City	Oviedo. FL	85 Zip Code
44 0	A- 41	2 and 607 4509 Florida Statutos	the above pamed		32765
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	Signature, typed or printed name of registered ager	to and title of annicable (NOTE: Rec	stered Agent signature r	equired when reinstating) DATE	<del>-79</del>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	BONOTTO, THOMAS		1.2 NAME		
STREET ADDRESS	877 SHED STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP		
TITLE	₩6.5-	☐ DELETE	2.1 TITLE	VP, S	Change 🔀 Addition
NAME	4-		2.2 NAME	Bonotto, Mary Ann	ļ
STREET ADDRESS	•		2.3 STREET ADDRESS	817 Shed Junet	İ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	2	☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	STATES A STAN AS	☐ DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
OTDEET ADDDEED	· 核链瓣 电弧点		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE: \( \frac{1}{2} \)