## **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

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## **Katherine Harris**

## 

DO NOT WRITE IN THIS SPACE

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90229 047 \*\*\*150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DOCUMENT #  1, Corporation Name	P97000038598
US AND INCORD TO	HOW BROWER ARE INO

KEVIN L. WOODS TRUCK BROKERAGE, INC. Mailing Address Principal Place of Business 4567 130TH AVENUE NORTH PO BOX 352 PINELLAS PARK FL 33780-352 SUITE 408 PINELLAS PARK FL 33780 US 3. Date Incorporated or Qualifed 04/28/1997 2a, Mailing Address 4, FEI Number Principal Place of Business 5265 Par K 59-3452657 26 Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State 6. Election Campaign Financing 28 Country

29

9. Name and Address of Current Registered Agent

Trust Fund Contribution Added to Fees This corporation owas the current year intangible ΠNα ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent .. Woods 82

LANTOS, EDWARD 2987 68ND AVENUE SOUTH ST. PETERSBURG FL 33712

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/ <b>\</b>	84	Pinellas	Park	FL 33781
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized	DOVE	-named corporation submit	s this statement	for the purpose of changing its registered accept the appointment as registered

agent. I am familiar with, and accept the poligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or prighted name of regardeds agent and title if applicable.	(NOTE: Re	distance Agent signature of	ensired when reinstating)	DATE 5-19-1	37		
12.	OFFICERS AND DIRECTORS	(NOTE: NO	13.	ADDITIONS/CHANGES TO OFF		RS IN 12		
TITLE	D $\square$	DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	WOODS, KEVIN L		1.2 NAME					
STREET ADDRESS	7952 63RD WAY		1.3 STREET ADORESS					
CITY-ST-ZIP	PINELLAS PARK FL 33781		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition		
NAME	WOODS, KEVIN L		2.2 NAME					
STREET ADDRESS	7952 63RD WAY		2.3 STREET ADDRESS			}		
CITY-ST-ZIP	PINELLAS PARK FL 33781		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS		٠,	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition		
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			1		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZEP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADORESS			)		
CITY-ST-ZIP			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 trusteen mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, our an attacopyant with ay address, with all other like empowered.

SIGNATURE: