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

Mailing Address

858 E FLAGLANE

KISSIMMEE FL 34759

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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**PROFIT** CORPORATION ANNUAL REPORT

1999

ZANAKA TRUCKING, INC.

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

SINGH, TONY

858 E FLAGLANE KISSIMMEE FL 34759

Suite, Apt. #, etc.

City & State

858 E FLAGLANE

21

22

23 Zip

24

KISSIMMEE FL 34759



DOCUMENT # P9700040621

Country

9. Name and Address of Current Registered Agent

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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## **FILED** Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90084 050 \*\*\*150.00

	* * * * *					
	DO NOT WRITE IN THIS SPACE					
	3. Date Incorporated or Qualified 05/06/1997					
	4. FEI Number  APPLIED FOR 31 - 1622124   Applied For Not Applicable					
	5. Certificate of Status Desired					
	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Country 30	8. This corporation owes the current year Intangible Personal Property Tax.					
	10. Name and Address of New Registered Agent					

Street Address (P.O. Box Number is Not Acceptable)

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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	OW	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	SINGH, TONY		1.2 NAME					
STREET ADDRESS	858 E FLAGLANE		1.3 STREET ADDRESS	•				
CITY-ST-ZIP	KISSIMMEE FL 34759		1.4 CiTY-ST-ZiP					
TITLE	DVP	☐ DELETE	2.1 TITLE		Change	☐ Addition		
NAME	SINGH, ZALINA		2.2 NAME					
STREET ADDRESS	858 E FLAGLANE		2.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34759		2.4 CITY-ST-ZIP	-				
TITLE		DELETE	3.1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS		1	3.3 STREET ADDRESS	•	<u> </u>			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
τιτιε		☐ DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<u></u>		
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		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME		•			
STREET ADDRESS		•	6.3 STREET ADDRESS		~			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Continue 440 07/2)(i) Florido Statutas I fueb				

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.

Zip Code