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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P97000042607 1. Corporation Name BENITA TRUCKING, INC.

Principal Place of Business

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

# May 01, 1999 8:00 am Secretary of State

05-01-1999 90032 015 \*\*\*150.00



1 morpan i nace								
1507 MARKER ROAD POLK CITY FL 33868 POLK CITY FL 33868						•		
					DO NOT WRITE IN THIS SPACE			
· 					<ol> <li>Date Incorporated or Qualified</li> <li>05/14/1997</li> </ol>		_,	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For	
21 1507 MARKER ROHD 26				-	59-3447421	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	\$8.75 Additional	
22 27				5. Certificate of Status Desired Fee Required				
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23 Polk City Polk FL 28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year	ır Intangible	_	
24 338	68 25	29 30			Personal Property Tax.	☐Yes	₩No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name			1	
GROUCE, BRENDA J				82 Street Address (P.O. Box Number is Not Acceptable)				
1478 MARKER ROAD				Street A	ddress (P.O. Box Number is Not Acceptable)			
POLK CITY FL 33868					<del>-</del>			
			83					
				City	,	FL 85 Zip (	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autho	inzed by	the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	AND TO BE	internal Asses	-t -it	guired when reinstating) DAT	F	·	
12.	OFFICERS AND		13.	it signature ret	ADDITIONS/CHANGES TO OFFICER	_	ORS IN 12	
TITLE	PT OFFICERS AND	DELETE	1.1 TITLE			☐ Change	Addition	
j			1.2 NAME			_ •	_	
NAME	4507 MARKED DOAD			EET ADDRESS				
STREET ADDRESS					•			
CITY-ST-ZIP				T-ZIP	<del></del>	☐ Change	Addition	
TITLE			2.1 TITLE	1				
NAME			2.2 NAME	[				
STREET ADDRESS	1507 MARKER ROAD	•	2.3 STREE	T ADDRESS			-	
CITY-ST-ZIP	POLK CITY FL 33868		2. 4 CITY-5	T-ZIP				
TITLE	•	☐ DELETE	31 TITLE			☐ Change	Addition	
NAME			3.2 NAME					

4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE® (# 6.1 TITLE TITLE hpH. 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

... DELETE

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 an attachment with an address, with all other like empowered.

SIGNATURE:

☐ Change

☐ Addition