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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

ļ '	1999	DIVISION OF CO	RPORAT	IONS	04-16-1999 90112 026 ***150.00	
1. Corporation		042998				
GP III TF	RUCKING, INC.					
Principal Place	e of Business	Mailing Address				
8802 DORIS LA		8802 DORIS LANE			No. 1. 1. Section and the section of	
NEW PORT RICHEY FL		NEW PORT RICHEY FL				
					DO NOT WRITE IN THIS SPACE	
]					3. Date Incorporated or Qualifed	
	1	2- Mailine Address			05/12/1997 4. FEI Number Applied For	
2. Principal Place of Business		2a. Mailing Address			59-3446447 Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat		City & State			. 6. Election Campaign Financing S5.00 May Be	
23	w = *- ·-	28		- 5	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible	
24	[25]	29 30	o		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered Agent	
DI C	CYLLADDT OFODCE III		81	Name		
PLEICKHARDT, GEORGE III 8802 DORIS LANE 82 Street Addr				tdress (P.O. Box Number is Not Acceptable)		
	PORT RICHEY FL		83	<u> </u>		
IAEAA	FOR RIGHET IL		103	1		
			84	City	FL B5 Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorized by	the corpora	orporation submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered	
SIGNATURE	· , , ,				pulsed when reinstalting) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OF ICERS AND	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	PLEICKHARDT, III G	- .	1.2 NAME			
STREET ADDRESS	8802 DORIS LN		1.3 STREE	TADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 C/TY-S	\ \		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	* · · ·		3.2 NAME	ľ		
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additi	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Additi	
NAME			5.2 NAME			

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 amount eport is the 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 trastee expowered 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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

Change