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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047808 (5)

**BECRAFT TRUCKING INC** 

	•					
Principal Place of Business Mailing Address				I 100116601 110 10011 10011 80111 00111 00111 00111 0	10H 1000 13H 1000 10H 10H	
2526 INVANHOE ST. 2526 INVANHOE ST. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 339			33952		DO NOT WRITE IN THIS SPACE	
[					3. Date Incorporated or Qualified	
					05/30/1997	
<b>⊢</b> — '	lace of Business	2a. Mailing Address			4. FEI Number 65-0763373	Applied For
26					63-076.3373	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<del>-</del> ¬ '		8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
					10. Name and Address of New Registere	d Agent
BECHAPI, DOUGLAS						
2526 INVANHOE ST. PORT CHARLOTTE FL 33952				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	F	L 85 Zip Code
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						
10	Signature, typed or printed name of registered age	ent and title it applicable (NO ID DIRECTORS		d Agent signature ≀equi		
12. TITLE	D OFFICERS AN	DELETE	13.	TIF T	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BECRAFT, DOUGLAS		1.2 N			
STREET ADDRESS	2526 INVANHOE ST.		1	TREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	,		ITY-ST-ZIP		
TITLE	D	☐ D£LETE	2.1 T	TLE		Change Addition
NAME	LEEANN, SONDRA		2.2 N	4ME		
STREET ADDRESS	<b>25</b> 26 INVANHOE ST.		2.3 5	FREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3 1 T		·	☐ Change ☐ Addition
NAME			3.2 N	,		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C	TITY-ST-ZIP		Change Addition
NAME		_ other	4.2 N	ŀ		C ourside C verticon
STREET ADDRESS				IREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY - ST - 2IP		
TITLE		DELETE	6.1 1			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 ST	reet address		

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 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.

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