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

PROFIT CORPORATION ANNUAL REPORT 1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	MENT # P970( ROS. TRUCKING, INC.	00067862 (7)	·	I MARIATA II MARK MARI ARAI ARAI ARAI ARAI	II 1 <b>886) 18110 8</b> 1110 1101 1001
Principal Place	e of Business	Mailing Address			II LABAT IBIIA BIILA LIBI IBA:
8520 ARD ROAD PENSACOLA FL 32526		6520 ARD ROAD PENSACOLA FL 32526			
TEMONOUS I	rL 32320	PEHONOOLA PE 02020		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 07/31/1997	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3460250	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ]	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u>}</u> -, `		<ol> <li>This corporation owes or has paid the current Personal Property Tax due June 30.</li> </ol>	rrent year Intangible
	9. Name and Address of Cur			10. Name and Address of New Registered	
PA1	re, Jeremy D		81 Name		
6520 ARD ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
A PEN	NSACOLA FL 32526				
•			83		
			84 City	FL	85 Zip Code
office or r	egistered agent or both in the St.	ale of Florida. Such change was au	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
	m familiar with, and accept the ob	oligations of, Section 607.0505, Flori	ida Statutes.		į
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PATE, JEREMY D		1.2 NAME		Ì
STREET ADDRESS	6520 ARD ROAD PENSACOLA FL 32526		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 21 TITLE		Change Addition
NAME	PATE, MICHAEL L		22 NAME		
STREET ADDRESS	6520 ARD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		2.4 CITY-ST-ZIP		}
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		;
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- Inches	3.4. CITY-ST-ZIP		Character Ladding
TITLE		☐ DELETE	4.1 TIPLE		Change Addition
NAME OTREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	`		5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE	4	DELETE	E I TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			S STREET ADDRESS		
CITY-ST-ZIP	partify that the information supplies	d with this films does not qualify for	the exemption stated in	Section 119 07(3)(i). Florida Statutes. I further of	ertify that the information
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.					