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

PROFIT CORPORATION ANNUAL REPORT

1999 i



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083059

Country

CERRATO, VINCENT H III 1815 HALLUM AVENUE TITUSVILLE FL 32796

9. Name and Address of Current Registered Agent

CERRATO'S TRUCKING, INC.

Principal Place of Business 1815 HALLUM AVENUE TITUSVILLE FL 32796

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

1815 HALLUM AVENUE TITUSVILLE FL 32796

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

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FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90054 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/24/1997

4. FEI Number
59-3468826

5. Certificate of Status Desired

6. Election Campaign Financing

\$5.00 May Be

	und Contribution	Added	•		
8. This co	This corporation owes the current year Intangible				
Person	al Property Tax.	Yes	□No		

Personal Property Tax. Yes No.

10. Name and Address of New Registered Agent

20. (D.O. Roy Number is Not Acceptable)

8	4 City	FL 85 Zip Code
8	3	
8	2 Street Address (F	P.O. Box Number is Not Acceptable)
8		

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 of 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE	PVP DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	CERRATO, VINCENT H III	1.2 NAME			
STREET ADDRESS	AGAP CALLEDS AVENUE	1.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP			
TITLE	ST DELETE	2.1 TITLE		☐ Change	Addition
NAME	CERRATO, BONNIE	2.2 NAME			
STREET ADDRESS	A C A C A A A A A A A A A A A A A A A A	2.3 STREET ADDRESS			• .
CITY-ST-ZIP	TITUSVILLE FL 32796	2. 4 CITY-ST-ZIP		<u> </u>	
TITLE OUT O	DELETE	3.1 TITLE		Change	☐ Addition
NAME	Fig. 4	3.2 NAME	·		
STREET ADDRESS	TOTAL STATE OF STATE OF THE STA	3.3 STREET ADDRESS			
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TITLE	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			E7 4 / 00
TITLE	□ DELETE	6.1 TITLE		☐ Change	Addition
NAME	The state of the s	6.2 NAME			•
STREET ADDRESS		6.3 STREET ADDRESS			
	I (5)	64 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

COUGNATURE DEADURED

MARAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

199 407-269-7458

034 (11/98)