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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083457

STREET ADDRESS

CITY-ST-ZIP

RJM TRUCKING, INC.

,	e e						.(1 111) 111
Principal Place	e of Business	Mailing Address	· · · · ·			1410, 10102 11111 01001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
406 EAST NORTH SHORE DRIVE 406 EAST NORTH SHORE			DRIVE			٠.	, ,
FORT MYERS FL 33917 FORT MYERS FL 33917				DO NOT WRITE IN T	HIS SPACE		
US	•	. US			3. Date Incorporated or Qualifed	***	
					09/26/1997		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0784674	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***		5. Certifcate of Status Desired	\$8.75 Ad	
22	•	27			5. Certificate of Status Bosinos	Fee Req	uired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 N	•
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ır Intangible [∐]Yes [□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		~
	9. Name and Address of Curre	int Registered Agent	81	Name	10. Marile and Address of New Register	, , , , , , , , , , , , , , , , , , ,	
МАЕ	KIEWICZ, MARGARET	programmed to the a		1			
	EAST NORTH SHORE DRIVE		82	Street Add	lress (P.O. Box Number is Not Acceptable)		
	T MYERS FL 33917		83		100 100 100 100 100 100 100 100 100 100		
	······ ·· ····························				(內學行為)。翻译的語言		
		•	84	City		FI 85 Zip Ci	ode
44 Dumumt	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes, the above	e-named con	poration submits this statement for the purpos	e of changing its r	egistered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized by	the corporat	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as reg	stered
us agent. I a	im familiar with, and accept the oblig	jations of, Section 607.0000, Fit	orida Statutes.	•			•
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agen	t signature require	ed when reinstating)	E	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		10 9 54 W b	☐ Change	☐ Addition
NAME	MARKIEWICZ, MARGARET		1.2 NAME				
STREET ADDRESS	400 CAST MODELL CHOOSE DE	RIVE	1.3 STREET	ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33917	•	1.4 CITY-S	T-ZIP	i		
TITLE		☐ DELETE	2.1 TITLE				
NAME		_	2			☐ Change	Addition
STREET ADDRESS			2.2 NAME			☐ Change	Addition
CITY-ST-ZIP	the the state of t		1	TADDRESS		☐ Change	Addition
TITLE		ener eren, ur etten	2.2 NAME		:	☐ Change	Addition
NAME :		on of the control of	2.2 NAME 2.3 STREET		:	☐ Change	☐ Addition
STREET ADDRESS	MENTAL SECTION OF THE PERSON O	one of the second of the seco	2.2 NAME 2.3 STREET 2.4 CITY-S				
	SECULA CONTROL OF THE SECULAR	크리 플루크 시설 12 기구 기구 기구 <mark>I DELETE</mark>	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP	* 2.1 8.1		
2.53	MESSICA (INC. 485) BASE FOR INC. I MESSICE CONT.	PORT COMPLETE OF CONTROL OF CONT	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS		Change	Addition
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CITY-ST-ZIP	Company of Carlo	☐ DELETÉ	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	T ADDRESS		Change	Addition
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6.3 STREET 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, with all other like empowered.

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90002 031 ***150.00