SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700089417 (4)

H M HAULING, INC.

Mailing Address

P.O. BOX 1432

FILED Jul 07 1998 8:00am Secretary of State



111 150 1276

1120/04

MULBERRY FL	33860			MULBERRY	FL 33860-1432	?			DO NOT WRIT	F IN THIS :	SPACE.		
	A	1-0	1 4	, ,					3. Date Incorporated or Qualified	<u> </u>	UI AUL		
4025	Coun	ty Ko	ad m	440					10/15/1997				
2. Principal P	lace of Busin	iess ,		2a. Mailing	Address				4. FE! Number			Applied	For
2. Principal Place of Business 21 6025 C. R. # 640				26					59.34725	98		Not App	
Suite, Apt.	#. etc.				Apt. #, etc.					<u></u>	\$8.7	5 Addition	
22				27	•				5. Certificate of Status Desired		-	Require	
City & Stat	le			City &	State				6. Election Campaign Financing		\$5.0	00 May	Re
23 .				28					Trust Fund Contribution			ed to Fee	
Zip		Country		Zip		Co	untry		8. This corporation owes or has pa	id the curre	ent year	Intangible	le le
24		25		29		30			Personal Property Tax due June		Yes	∏ No	
	9. Name	and Addres	s of Current	Registered A	gent		I		10. Name and Address of New Re	gistered A	gent		
MCH	IALE, JAME	S P		_	Α.		81	Name					
6025	COUNTY	RD. 650	6025	County	1 Kuad	641	82	Street Ad	dress (P.O. Box Number is Not Acceptab	امار			
MUL	BERRY FL	33860	* - 00 0	000000	,		"	Street Au	ruress (7.0. box Murriber is 140) Acceptat	, io j			
		••••					83				·		
								02			7117 4		
							84	City		FL	85 Z	ip Code	
11. Pursuant	t to the provis	sions of section	ons 607.0502	and 607.1508,	Florida Statute	es, the a	bove-	named corp	poration submits this statement for the pur	pose of cha	nging its	register	red
office or	registered as	gent, or both,	in the State of	f Florida. Such	change was	authorize	ed by	the corpora	ation's board of directors. I hereby accept	the appoin	lment as	register	ed
_	prii igiliilai w	ritii, ariu acce	rpt trie obligat	ions of, section	1 001.0303, FI	ioriuai Sta	910163	.					
SIGNATURE	Signature, typed	or printed name o	f registered agent	and title if applicable	. (N	IOTE: Regis	lered A	geni signature ri	equired when reinstating)	DATE			-
12.		OF	FICERS AND	DIRECTORS		13			ADDITIONS/CHANGES TO OFF	ICERS AN	DIREC	TORS	N 12
TITLE	D				DELETE	1.13	TITLE				Chang	je 🗍	Addition
NAME	MCHALE.	JAMES P				1.21	NAME			_			ŀ
STREET ADDRESS		RNINGDALE	AVE.			135	TREET	ADDRESS					-
CITY-ST-ZIP		D FL 33813				1.40	CITY-ST	-ZiP					į
TITLE	<u> </u>				DELETE		ITLE				Chang	ле П	Addition
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TITLE					DELETE		ITLE			ľ	Chang	1e	Addition
NAME				•		3.2	NAME					,~	1.001.011
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NAME						5.2 N						″ ゴ	2
STREET ADDRESS						1		ADDRESS				d	<u>ソー</u>
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NAME				ı	DELETE		AME	Access to the same of the same		_ 		راسا ب	Addition
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CITY-ST-ZIP								TO THE SAME	(数32 元) ****158.75	UJ\$=="U	35		
	ertify that the	information s	upplied with t	nis filina does r	not qualify for t				ection 119.07(3)(i), Florida Statutes I furth	er certify th	at the in	formation	<u> </u>
indicated of an officer of in Block 12	on thi s a nnua or dir ect or of 2 or Bloc k 13	l report or su the corporati if changed, o	pplemental aron or the rece or on the rece or on the allac	nnual report is eiver or trustee benent with an	true and accu empowered to address.	irate and to execut	that te this	m signatur report as r	action 119.07(3)(i), Florida Statutes. I furth e shall have the same legal effect as if n required by Chapter 607, Florida Statutes	nade under ; and that n	oath; th ny name	at I am appears	à



JUNE 30, 1998

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

DEAR SIR:

COPIES ARE ENCLOSED OF ORIGINAL PACKAGE SENT TO YOUR OFFICE ON APRIL 17, 1998. PER A TELEPHONE CONVERSATION WITH YOUR REINSTATEMENT OFFICE TODAY, THEY STATED THE APPLICATION WAS RETURNED TO ME ON MAY 4, 1998 FOR COMPLETION OF THE E.I.N. NUMBER.

I HAVE NOT RECEIVED THE ORIGINAL APPLICATION BACK FROM YOU. THERE WOULD BE NO REASON FOR ME NOT TO RESPOND TO YOUR REQUEST.

THE CHECK ATTACHED HAS NOT BEEN CLEARED AT MY BANK. I HAVE ENCLOSED A REPLACEMENT CHECK IN ORDER TO EXPEDITE THE ANNUAL REPORT. (CHECK #1010,DATED 06/30/98).

SHOULD YOU HAVE ANY FURTHER QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO CONTACT ME. 2 NOTICE APPLICATION COMPLETED.

YOURS TRULY,

SHARON MCDONALD COMPTROLLER (941-428-1378)

H M HAULING INC P.O. BOX 1432, MULBERRY, FL. 33860

H M HAULING INC 01-28-98

(941) 428-1378

po box 236

mulberry, fl 33860

DATE 4/17/98

PAY
TO THE ORDER OF Decret ary Of State
ORDER OF DECRET ARY OF BRITISH AND MANUAL ARY OF BRITISH AN

•	CORPORATION
	ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000089417 (4)

H M HAULING, INC.

11 (11 (11)									
Principal Place	of Business	Mailing Address		-		ile done i dini	 		
6025 COUNTY	RD. 650	P.O. BOX 1432							
MULBERRY FL		DO NOT WRITE IN THIS SPACE							
60251	County Road # 64	(0			3. Date Incorporated or Qualified	, IN THIS S	SPACE		
evar (source its	- <i>U</i>			10/15/1997				
2. Principal Fi	ace of Business	2a. Mailing Address			FEI Number		Ai	pplied For	
6025 County Road 640		26			59-3472598		N	ol Applicable	
Suite, Apt. i	f. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75			
22		27			J. Commodic of States Desired		Fee Required		
City & State		City & State			Election Campaign Financing			May Be	
23 Ziô	Country	28	Countr		Trust Fund Contribution			to Fees	
24	25	29	30	y	8. This corporation owes or has pa	_		tangible]] No	
24)	g. Name and Address of Curren		301		 Personal Property Tax due June Name and Address of New Re 			-J IVC	
HOL	IALE, JAMES P		81	Name		<u></u>		 -	
602	5 COUNTY RD. 650 6025	- County RJ #	640 82	Person A	Troop (D.O. Flow No.	-1-1			
MUI	BERRY FL 33860	county na.	240 82	Street Add	aress (P.O. Box Number is Not Acceptat	ole)			
INIQL	25 mm 1 2 00000		83	i i					
			-	1					
			84	City		FL	85 Z:p	Code	
11. Pursuant to	the provisions of Sections 607 0500	2 and 607 1508. Florida Stat	tutes, the above	e-named cor	rporation submits this statement for the pation's board of girectors. Thereby acce	nurnose of	changing if	is registered	
agent. Far	n familiar with, and accept the obliga	itions of Section 607 0505.	Florida Statute	s.	ation's board of directors. Thereby abbe	JULI app	Juliunen, as	registered	
SIGNATURE									
	OFFICERS AND			ent signature requ	urren when reinstating)	DATE	2.05.27.1		
12.	D OFFICERS AND	DELETE	13.	<u> </u>	CONTIONS CHANGES TO DEFI	<u> </u>	Change	-odition	
12ME	MCHALE, JAMES P		1.2 NAME				L. Silange		
STREET ADDRESS	6049 MORNINGDALE AVE.			T ADDRESS					
Mix-31-25	LAKELAND FL 33813		14 CITY-	1					
Tale	Date Carb 1 E 00010	☐ CELETE	2 1 TITLE	31-2-			Change	Addition	
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STREET ADDRESS :				I ADDRESS					
001Y+\$T+2IP			2.4 CITY	i					
TIFLE		☐ CELETE	3 1 TITLE				Change	Addition	
WAME			3.2 NAME						
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NAME .			5.2 NAME						
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"ITLE !	,	DELETE	6 1 TITLE	ļ			Change	Addition	
NAME CONTROL			6.2 NAME	/	,				
OTHEET ADDRESS				ADDRESS					
OFTY+\$1-ZIP			6.4 CITY - 3	si · ZIP 🐰 🏒	·				

14. Thereby certify that the information subplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if 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 for on an attachment with an address.

SIGNATURE:

April 14, 1998 941.428 1378