

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90074 013 \*\*\*150.00

DOCUMENT # P97000091061

1. Corporation Name  
BOLLING & FATE TRUCKING ENTERPRISE, INC.

Principal Place of Business

2554 BOAT RACE RD  
C-3  
PARKER FL 32404

Mailing Address

P.O. BOX 6481  
PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1418 EVERITT AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 PANAMA CITY FL

City & State

28 City & State

Zip Country

24 32401 25 BAY

Zip Country

29 30

3. Date Incorporated or Qualified

10/22/1997 1/99

4. FEI Number

59-3471286-59-3523188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BOLLING, GEORGE C  
1117 SOUTH TYNDALL PKWY #27  
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name

Johnny Lee Fate

82 Street Address (P.O. Box Number is Not Acceptable)

1418 EVERITT AVE

83

84 City

PANAMA CITY

FL

85 Zip Code

32401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Johnny L. Fate 01-24-1999

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LEE FATE, JOHNNY 52-3523188

STREET ADDRESS 1418 EVERITT AVE

CITY-ST-ZIP P.C. FL 32407

TITLE V ☒ DELETE

NAME BOLLING, GEORGE C

STREET ADDRESS 2554 BOAT RACE RD

CITY-ST-ZIP PARKER FL 32404

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE:

George C. Bolling

1/24/99

850-522-1849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

00569300