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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095341

1. Corporation Name

PETE'S	TRUCKING, INC.			•				
Bringing Blac	ce of Business	Mailing Address						
•		P.O. BOX 231						
222 HATHCOCK RD P.O. BOX 231 APALACHICOLA FL 32320 APALACHICOLA FL 32320								
US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or	Qualifed		•
					11/06/1997			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21	M man	Suite, Apt. #, etc.	•		59-3477155			t Applicable
Suite, Apt.	. #, etc.	⊢			5. Certifcate of Status I	Desired 🔲	* \$8.75 / Fee Re	
22 City & Sta	te	City & State	-		& Florier Compaign F	loonoina		•
23		28	•		6. Election Campaign F Trust Fund Contribut	- 11	Added	May Be
Zip	Country	Zip	Country		8. This corporation owe			
24	25	29	30		Personal Property Ta	-	Yes	□No
	9. Name and Address of Curr		1		10. Name and Address	of New Registere	d Agent	
			81	Name		•		
	SON, CHARLES P		82	Street A	ddress (P.O. Box Number is No	nt Accentable)		
222 HATHCOCK RD		-	Ou court	odicoo (i .o. box redinber is re	7.7.000ptabas)	a stretch of		
APA	LACHICOLA FL 32320		83		the state			13.44
			84	City			85 Zip (Code
	化高级联系统电影设置	4.2	0.4	City		F		Code
11 Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Florida Statu	tes, the above	e-named c	orporation submits this statement	nt for the purpose of	of changing its	registered
						ony accept the app	Outside as ic	gistorea
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	orida Statutes		•			
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	orida Statutes		·			
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo agent and title if applicable. (NOTE	orida Statutes Registered Agen		juired when reinstating)	DATE	· .	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90015 011 ***150.00