Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90180 029 ***150.00

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

DOCUMENT # P97000097183

L.A. TRUCKING OF PINELLAS INC.

Principal Place	e of Business	N	Mailing Address				
7503 14 AVE. N. 7503 14 AVE. N							
ST. PETERSBURG FL 33710			ST. PETERSBURG FL 33710				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							11/14/1997
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-3478263 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22							5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			В				Trust Fund Contribution Added to Fees
Zip	Country		Zip 1	Country			8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	<u>L</u> .	30			Totochar repetty to
9. Name and Address of Current Registered Agent					81	Name	10. Name and Address of New Registered Agent
۸۲۲	OUNTING & TAX HELP, INC.				"	Name	
8668 PARK BLVD., STE. A SEMINOLE FL 33733					82	Street A	Address (P.O. Box Number is Not Acceptable)
					83		
- OLIII	110CL 1 C 00700				03		
					84	City	85 Zip Code
			207 (FOR 5) 11 O	4			L L L L L L L L L L
11. Pursuant office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and f Flor	ida. Such change was a	es, the a uthorized	bove by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with; and accept the obligati	ons o	r, Section 607.0505, Fig	rida Stat	utes		
SIGNATURE				. Danistana		t ninochum en	equired when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13.	ı Aycı	it signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TI	TLE	Ţ	Change Addition
NAME .	LAVORE, PAULA			1.2 N	AME		LANGE, PAULA 7503-14TH AVE N.
STREET ADDRESS 7503 14TH DRIVE N				1.3 STREET ADDRESS		ADDRESS	7503-14th AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710				1.4 CITY-ST-ZIP		1	ST. Petershung F/ 33710
TITLE				2.1 TI			☐ Change ☐ Addition
NAME .	·		•	2.2 NAME		ĺ	·
STREET ADDRESS				2.3 STREET AD		ADORESS	
CiTY-ST-ZIP				2, 4 0	ITY-S	T-ZIP	
TITLE	DELETE_			3.1 TITLE			
NAME				3.2 N	AME		·
STREET ADDRESS				3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				3.4. 0	<u>тү-</u> s	T-ZIP	·
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 N	AME	1	
STREET ADDRESS				4.3 S	TREET	ADDRESS	,
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP	
TITLE	□ DELI		☐ DELETE	5,1 T	5.1 TITLE		☐ Change ☐ Addition
NAME			•	5.2 N	AME		
STREET ADDRESS	,			5.3 S	TREET	ADDRESS	
CITY-ST-7IP				5.4 C	ITY-S	T-ZIP	

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 expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, dr on an attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition