**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTM

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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## **FILED** Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90150 010 \*\*\*150.00

* Condition	MENT # P98000 TRUCKING, INC.	1001909		
Principal Place	of Business .	Mailing Address	<del></del>	- C (BESSER! Sim itelb: seist mittin gents seint etzit maret erfist intit seuta inti imm
P.O. BOX 549		P.O. BOX 549		1
ARCHER FL 326	518	ARCHER FL 32618		DO NOT WRITE IN THIS SPACE
	• •		\	3. Date incorporated or Qualifed
1			ļ	01/08/1998
2. Principal Pl	ace of Business	Za. Mailing Address		4. FEI Number Applied For
21		26		59-3501333   Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.	1	5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	• • · · · · · · · · · · · · · · · · · ·	City & State	- \	6. Election Campaign Financing 5 S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year intangible
24	25	29 3	0	Personal Property Tax. Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent
CEA	BLE, JAMES L		81 Name	· · ·
	SE 30TH COURT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
,	LA FL 34480	•	83	
		•		
<b>.</b>	·		84 City	FL 85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	porallon submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered.
SIGNATURE	Significance typed or printed name of registered ages	RIC (NOTE: R	la Statutes.	L teady _ #-1778
12.	D OFFICERS AN	D DELETE	1,1 TiTLE	Change Addition
NAME	FEAGLE, JAMES L	<del></del>	1.2 NAME	
STREET ADDRESS	P.O. BOX 549			
CTY-8T-23P			1.3 STREET ADDRESS	
TITLE	ARCHER FL 32818			
		OBLETE	1.3 STREET ADDRESS	☐ Change ☐ Addition
NAME	ARCHER FL 32618 D FEAGLE, SHIRLEY A	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
1	ARCHER FL 32618 D FEAGLE, SHIRLEY A P.O. BOX 549	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ARCHER FL 32618 D FEAGLE, SHIRLEY A P.O. BOX 549 ARCHER FL 32618		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	·
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ARCHER FL 32618 D FEAGLE, SHIRLEY A P.O. BOX 549 ARCHER FL 32618 D FEAGLE, RICHARD L		1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME	·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ARCHER FL 32618 D FEAGLE, SHIRLEY A P.O. BOX 549 ARCHER FL 32618 D FEAGLE, RICHARD L P.O. BOX 549		1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ARCHER FL 32618 D FEAGLE, SHIRLEY A P.O. BOX 549 ARCHER FL 32618 D FEAGLE, RICHARD L P.O. BOX 549	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME	☐ Change ☐ Addition ☐ Change ☐ Addition
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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 807. 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 REQUIRED SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR ORRECTOR