

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 # P98060014212

1. Corporation Name
BEAUMONT TRUCK #1 INC.
Principal Place of Business
105 OAK RIDGE CT
SANFORD FL.
32773
Mailing Address

FILED

99 AUG 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12 FEB 98	
4. FEI Number 58-2202826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 105 OAK RIDGE CT Suite, Apt. #, etc. 22 SANFORD FL City & State 23 32773 Zip Country	2a. Mailing Address 26 105 OAK RIDGE CT Suite, Apt. #, etc. 27 SANFORD FL City & State 28 32773 Zip Country
---	--

9. Name and Address of Current Registered Agent

JOHN W BEAUMONT
105 OAK RIDGE CT
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 John W Beaumont

8-25-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN W BEAUMONT 105 OAK RIDGE CT SANFORD FL 32773	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NANCY WONG 105 OAK RIDGE CT SANFORD FL 32773	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAYMOND WONG 4205 CRAWFORD CIR. VALLEASTA GA 31605	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT DIRECTOR JOHN E BEAUMONT 29201 GREEN WATER DR. TEHACHA CA 93561	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	200002977522--6 -09/02/99--01090--005 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: John W Beaumont

8-25-99 407-328-4873

CR2E034 (11/98)

John Beaumont
105 Oakridge Court
Sanford FL 32773
16 August 1999

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
Attn: Sean Toner

2

Dear Mr. Toner:

I have called the state office and spoke to "Kathy" about our situation. She told me to send this letter to your attention so that it may be processed. In addition, I was told to address each incorporation for our trucking business separately.

We own three trucks and have just incorporated them this year. We have not received any notice about the fee for incorporation till the second notice arrived. When I spoke to Kathy, I was told to address this issue on this letter and pay a sum of \$150.00 for each incorporation.

Enclosed with this letter is a check of \$150.00 for **John Beaumont Truck #1 Inc., Document # P98000014212**. My Social Security Number is **#570-51-2108**. Please take note that the address listed above is the mailing address as well as the principal place of business in Seminole county.

If I may be of further assistance, please do not hesitate to write or call me at (407) 328-4873.

Thank you.

Sincerely yours,



John Beaumont
Owner