

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  
Sep 09, 1999 8:00 am  
Secretary of State

09-09-1999 90003 008 \*\*\*150.00

DOCUMENT # P9800004224  
Corporation Name  
JOHN BEAUMONT TRUCK #3 INC.

613820 - 90803 - 8

Principal Place of Business Mailing Address  
105 OAK RIDGE CT  
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

Principal Place of Business 105 OAK RIDGE CT Suite, Apt. #, etc. SANFORD FL City & State 32773 Zip Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 105 OAK RIDGE CT City & State SANFORD FL Zip Country USA	3. Date Incorporated or Qualified 12 FEB 99	4. FEI Number 58-2202826	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing <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		

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

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 8-25-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PRESIDENT <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JOAN W BEAUMONT		1.2 NAME	
105 OAK RIDGE CT		1.3 STREET ADDRESS	
SANFORD FL 32773		1.4 CITY-ST-ZIP	
VICE PRESIDENT <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NANCY WONG		2.2 NAME	
105 OAK RIDGE CT		2.3 STREET ADDRESS	
SANFORD FL 32773		2.4 CITY-ST-ZIP	
<del>DIRECTOR</del> <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RAYMOND WONG		3.2 NAME	
4205 CRAWFORD CIR		3.3 STREET ADDRESS	
VALDOSTA GA 31602		3.4 CITY-ST-ZIP	
ASSISTANT DIRECTOR <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JOHN E BEAUMONT		4.2 NAME	
29201 GREEN WATER DR.		4.3 STREET ADDRESS	
TEHACHAPI CA 93561		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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  
Signature and typed or printed name of signing officer or director  
Date: 8-25-99  
Daytime Phone #: 407-328-4873

CR2E034 (11/98)

2

John Beaumont  
105 Oakridge Court  
Sanford FL 32773  
16 August 1999

P 98000014224  
613820-90003

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

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.

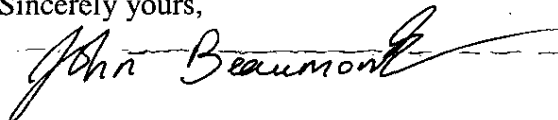
We own three trucks and have just incorporated them this year. We have not received any notice about the fee for incorporation till the second notice arrived. When I spoke to Kathy, I was told to address this issue on this letter and pay a sum of \$150.00 for each incorporation.

Enclosed with this letter is a check of \$150.00 for **John Beaumont Truck #3 Inc., Document # P98000014224**. 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