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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024517

1. Corporation Name

BRITT CREEN TRUCKING INC

Dhilli	IREEN THOURING, TING				
Principal Plac	e of Business .	Mailing Address			, , , , , , , , , , , , , , , , , , , ,
6623 CHIPPENDALE ROAD 6623 CHIPPENDALE ROAD				·	
LAKELAND FL 33809 LAKELAND FL 33809				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
· · · · · · · · · · · · · · · · · · ·				03/16/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0844909	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		or considered of called believe	Fee Required
City & Stat	te ,	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip .	Country	Zip	Country	8. This corporation owes the current year In	itangible
24	25	11	30	Personal Property Tax.	Yes INO
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
GPE	EN, BRITTON B				
6623 CHIPPENDALE ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33809					
LAN	ELAND I C 33009		83		
			84 City		85 Zip Code
and the second s				F	_ '
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	t changing its registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	-				
	Signature, typed or printed name of registered agen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registered Agent signature required	d when reinstating) DATE. ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12.	,	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	ODEEN PRITTON P	□ bereie	1.1 TITLE		C Silondo.
NAME	GREEN, BRITTON B 6623 CHIPPENDALE ROAD		1.2 NAME		•
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809	☐ DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE		□ occeie		•	
NAME	•		2.2 NAME		
STREET ADDRESS	ř		2.3 STREET ADDRESS		
CITY-ST-ZIP		- Doctore	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME	}		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
City-St-ZiP			3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		
NAME			4, 2 NAME	•	
STREET ADDRESS		ı	4.3 STREET ADDRESS	•	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		4.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	5.1 TITLE		Change D Addition
NAME		•	5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1		CA STREET CORRECT		☐ Change ☐ Addition
CITY-ST-ZIP	1		5.3 STREET ADDRESS		☐ Change ☐ Addition
-			5.4 CITY-ST-ZIP		· , , , , , , , , , , , , , , , , , , ,
TITLE		☐ DELETE	5.4 CITY- ST-ZIP 6.1 TITLE		Change Addition
-	,	☐ DELETE	5.4 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP