## 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 # P98000036220

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CHAMBERLIN TRUCKING, INCORPORATED



Principal Place	ace of Business Mailing Address				( ISELINE) HE ISELITED SELL SELL SELL SELL SELL SELL SELL SE			
7271 COBIAC D	OR .	7271 COBIAC DR.						
ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956					· ·			
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					04/20/1998	<u> </u>		
Principal Place of Business 2a. Mailing Address					4. FEI Number	/	Applied For	
21	وما و مواد المعالي المعالي المعالي	26 "	<b>∵=</b> ====			·	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional	
22	·	27			5. Certifcate of Status Desired L	Fee F	Required	
City & State	le	City & State			6. Election Campaign Financing	\$5.0°	May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	vear Intangible		
	25	29 30	]		Personal Property Tax.	☐Yes	<b>☑</b> No	
24	9. Name and Address of Current		-		10. Name and Address of New Reg	stered Agent		
	5. Name and Address of Odiffern	r registered Agent	81	Name				
CHA	MBERLIN, DAVID C							
7271 COBIAC DR.				Street Add	ress (P.O. Box Number is Not Acceptable	)		
ST. JAMES CITY FL 33956			00					
SI. (	JAMES CITT PL 33930		83					
			84	City		85 Zij	p Code	
-				,	poration submits this statement for the pur	<b> - </b>	<u> </u>	
agent. i a	m familiar with, and accept the obligat	•		_	ed when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
TITLE		☐ DELETE	1.1 TITLE	1.1	resident	Chang	e 🖫 Addition	
NAME			1.2 NAME	G[	arid. C. Chamberlin			
STREET ADDRESS			1.3 STREET	ADDRESS 7	1271 Cobias Drive			
	ĺ		1.4 CITY-S	2	Saint James City Florida	_ 33956	_	
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	<u> </u>	Avela of Transport	☐ Chang	e Addition	
ľ			2.2 NAME	i	ave A Alambardia			
NAME	`				17 Gocsling Street			
STREET ADDRESS	1	~	2.3 STREE		Raybacter All What	2	-	
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP	May 1401	☐ Chang	e Addition	
TITLE .		☐ DELETE	3.1 TITLE					
NAME	{	<u> </u>	3.2 NAME					
STREET ADDRESS	<b>5</b>		3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge	
NAME	Į.		4, 2 NAME		•			
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	je Addition	
NAME	}		5.2 NAME					
OWNE TO THE PERSON	}		5.3 STREE	T ADDRESS				

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 any attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

☐ Change

Addition