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 # P98000045366

1. Corporation Name

FISCHERS TRUCKING INC							
Principal Place of Business Mailing Address							
2361 18TH AVEN.E. 2361 18TH AVEN.E. NAPLES FL 34120 NAPLES FL 34120				DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed 05/18/1998			
2. Principal Place of Business 2a. Mailing Address 26		•		4. FEI Number 31-1603230	<u> </u>	plied For Applicable	
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution			
Zip Country 25	Zip 29 30	- · ·		This corporation owes the current year leading Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	d Agent		
FISCHER, JOHN J 2361 18TH AVE.,N.E. NAPLES FL 34120			Street Ad	Address (P.O. Box Number is Not Acceptable)			
		84	"	F			
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the of SIGNATURE	tate of Florida. Silich change was autho	onzea ov	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appe	of changing its pintment as req	registered gistered	
Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: Reg	istered Age	nt signature requi	ired when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS A			
TITLE DELETE 1					☐ Change	Addition	
NAME John J. Fisch	ev _	1.2 NAME					
STREET HODICES			T ADDRESS				
0/(1-01-21)			T-ZIP		. Change	Addition	
		2.1 TITLE			□ change	Poduloi	
NAME Kimberly S. Fish	cher	2.2 NAME	* + DODE-00				
STREET ADDRESS 230	4120		TADDRESS	and the second second			
0117 07 211 1 4 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DELETE	2.4 CITY+ST-ZIP 3.1 TITLE			Change	Addition	
TITLE	- Justice It	3.2 NAME				_	
NAME			T ADORESS				
STREET ADDRESS		S.J STREE	י אבטרביי				

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 any address, with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with a

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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☐ DELETE

DELETE

☐ DELETE

Change

☐ Change

Addition

___ Addition

Addition

FILED

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90047 029 ***150.00