PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047183

1. Corporation Name

LANAUIA	A & BROS. TRUCKING, INC.	•							
Principal Plac	te of Business	Mailing Address			\neg	1 (001)001 110 10181 1017	50)))	12)) 1239))(24)	18188 1111 1481
1557 SILVER B	SEACH ROAD	1557 SILVER BEA	CH ROAD		- 1				
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404					ļ				
							WRITE IN THIS	SPACE	
ļ						Date Incorporated or Qu	alifed		- 1
						05/22/1998			
2. Principal P	Place of Business	2a. Mailing Addr	ess			FEI Number		<u> </u>	plied For
21	Drie	26 500	n_{Q}			65-084-c	3/64		t Applicable
Suite, Apt.	. #, etc.	Sulte, Apt. #	, etc.		5.	Certificate of Status Desi	ned []	\$8.75 A	
22	<u>, </u>	27							
City & Stat	la	City & State			- o.	Election Campaign Finan		:-\$5:00 • Added •	
23		28		ountry		Trust Fund Contribution			o rees
Zip	Country	Zlp		Ountry	8.	This corporation owes the	e current year into		□No
24	[25]	29	30			Personal Property Tax. Name and Address of	New Devictored		
	9. Name and Address of Curren	It Kedistered Agent		81 Name		Maine and Address on	ton itegrate.our		
DAV	AS, LENARO B				144	Davis			
	7 SILVER BEACH ROAD			82 Street	Address P	O. Box Number is Not A	cceptable)	. د	İ
5	ERA BEACH FL 33404		•	83	<u> </u>	Silver Bea	th Roc	<u> </u>	
111711	LICK DESCRIPTE CONTO			63					}
	:			84 City R	liver	ra Beach	FL	85 Zip C	und
11. Pursuant	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Flori	da Statutes, the	boman-evods	corporation	submits this statement for	or the purpose of	changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblica	of Florida. Such chan tions of, Section 607.0	ge was authoriz 3505. Florida St	atutes.	orazion s do	and or unecloss, I hereby	accept the appoi	; Initiatif as tak	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
l	// //* !					/	· 4/ /6/3	2	1
						041	-Us / 7 4		
SIGNATURE	Signature, typed originated nume of registered ager	nt and Vite V applicable.	(NOTE: Registed	red Agent agneture re			DATE		
SIGNATURE	Signature, typed originated name of registered ager	ID DIRECTORS	1			O 4/1 ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	ELETE 1.3	TITLE P	Pres	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	1: ELETE 1.1	3.	Pres	DDITIONS/CHANGES T	_	Change	RS IN 12
12. πιε	OFFICERS AN President Davi Le nord 1557 Silver	Beach Ros	1: ELETE 1.1	TITLE P	Pres Bet 155	DDITIONSICHANGES T	uch Roa	Change	RS IN 12
12. TITLE	OFFICERS AN	Beach Ros	11: ELETE 1.1 1.2 2. d 1.3	TITLE P	Pres Bet 155	DDITIONS/CHANGES T	uch Roa	Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN President Davi Le nord 1557 Silver	Beach Roo	11 ELETE 1.1 1.2 1.3	3. TITLE P NAME STREET ADDRESS	Pres Bet 155	DDITIONSICHANGES T	uch Roa	Change	RS IN 12 Addition
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6.4 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(3Xi). 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.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90102 005 ***150.00