


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90160 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P98000053660																																																																																																																	
1. Corporation Name C & H TRUCK LINES, INC.																																																																																																																	
Principal Place of Business 5594 PENTAIL CIRCLE TAMPA FL 33625 4918 Rockledge Circle TAMPA, FL 33624			Mailing Address 5594 PENTAIL CIRCLE TAMPA FL 33625 4918 Rockledge Circle TAMPA, FL 33624																																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/16/1998 4. FEI Number 59-3516579 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
9. Name and Address of Current Registered Agent ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD SUITE A SEMINOLE FL 33777			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code																																																																																																														
11. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Henry Powell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4918 Rockledge Circle</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33624</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice-President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Colleen Powell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4918 Rockledge Circle</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33624</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	President	<input type="checkbox"/> DELETE	NAME	Henry Powell		STREET ADDRESS	4918 Rockledge Circle		CITY-ST-ZIP	Tampa, FL 33624		TITLE	Vice-President	<input type="checkbox"/> DELETE	NAME	Colleen Powell		STREET ADDRESS	4918 Rockledge Circle		CITY-ST-ZIP	Tampa, FL 33624		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	President	<input type="checkbox"/> DELETE																																																																																																															
NAME	Henry Powell																																																																																																																
STREET ADDRESS	4918 Rockledge Circle																																																																																																																
CITY-ST-ZIP	Tampa, FL 33624																																																																																																																
TITLE	Vice-President	<input type="checkbox"/> DELETE																																																																																																															
NAME	Colleen Powell																																																																																																																
STREET ADDRESS	4918 Rockledge Circle																																																																																																																
CITY-ST-ZIP	Tampa, FL 33624																																																																																																																
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
1.2 NAME																																																																																																																	
1.3 STREET ADDRESS																																																																																																																	
1.4 CITY-ST-ZIP																																																																																																																	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
2.2 NAME																																																																																																																	
2.3 STREET ADDRESS																																																																																																																	
2.4 CITY-ST-ZIP																																																																																																																	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
3.2 NAME																																																																																																																	
3.3 STREET ADDRESS																																																																																																																	
3.4 CITY-ST-ZIP																																																																																																																	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
4.2 NAME																																																																																																																	
4.3 STREET ADDRESS																																																																																																																	
4.4 CITY-ST-ZIP																																																																																																																	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
5.2 NAME																																																																																																																	
5.3 STREET ADDRESS																																																																																																																	
5.4 CITY-ST-ZIP																																																																																																																	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
6.2 NAME																																																																																																																	
6.3 STREET ADDRESS																																																																																																																	
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(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

813-765-8749

Daytime Phone #

CR2E034 (1/98)