## 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 # P98000053813

1. Corporation Name

CAYOTE TRUCKING CORPORATION

Principal	Place	of	Business

Mailing Address

10780 S. FLUTTER TERRACE INVERNESS FL 34452

10780 S. FLUTTER TERRACE INVERNESS FL 34452

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90150 046 \*\*\*150.00



							DO NOT WRITE IN THIS SPACE					
	·							3. Date Incorpo 06/15/199		fed		
2. Principal Pl	ace of Business	2a.	Mailing Add	dress	-			4. FEI Number			, Ц	Applied For
21		26						65-	<u>-084</u>	4439		Not Applicabl
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certifcate of	!	_	\$8.7	5 Additional
22		27										Required
City & State	е		City & Stat	e				6. Election Can		<sup>ng</sup> □		0 May Be
23		28						Trust Fund C	Contribution		Adde	ed to Fees
Zip	Country	Ь	Zip Country					8. This corpora		current year Int		C711
24	25	29		36	0			Personal Pro	<del>` '                                   </del>		Yes	□No
	9. Name and Address of Curren	t Regis	tered Agen	<u>L</u>				10. Name and A	Address of Ne	w Registered	Agent	
WALL	N HICH				81	Name	,	•				
	Y, HUGH				82	Street	Addres	ss (P.O. Box Num	ber is Not Acc	eptable)	<u>i</u>	
	DREW STREET										•	
CLEA	ARWATER FL 33755				83	1						
					84	City					85 2	ip Code
					04	City				FL	_  00  -	p 0000
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation.	of Floric	da. Such cha	inge was auti	norized by	tne corp	ooration	i's board of directo	ors. I hereby a	ccept the appoi	intment as	s registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title i	if applicable.	(NOTE: R	egistered Ager	t signature	required w	when reinstating)		DATE		
12.	OFFICERS AN	D DIRE	CTORS		13.			ADDITIONS/C	CHANGES TO	OFFICERS AN		
TITLE	Р			DELETE	1.1 TITLE						Chan	ge 🗌 Additi
NAME	WILEY, HUGH				1,2 NAME							
STREET ADDRESS	10780 S. FLUTTER TERRACE				1.3 STREE	ADDRESS	3				<b>?</b>	
CITY-ST-ZIP	INVERNESS FL 34452				1.4 CITY-S	T-ZIP						_
TITLE	ST			DELETE	2.1 TITLE				· · ·	,	Chan	ge 🔲 Additi
NAME	LONGO, THOMAS				2.2 NAME							
STREET ADDRESS	10780 S. FLUTTER TERRACE				2.3 STREE	TADORESS	,				•	
CITY-ST-ZIP	INVERNESS FL 34452				2. 4 CITY-S							
TITLE	HITCHIES TO THE		П	DELETE	3.1 TITLE	/1 CII					Chan	ge Additi
NAME			_		3.2 NAME							
					3.3 STREE	T ADDRESS						
STREET ADDRESS	•				3.4. CITY-5		1					
CITY-ST-ZIP TITLE				DELETE	4,1 TITLE	71-21	1				☐ Chan	ge
NAME			_	· <del>-</del>	4, 2 NAME							
STREET ADDRESS						T ADDRESS	3					
CITY-ST-ZIP					4.4 CITY-S				-			
TITLE				DELETE	5.1 TITLE		<del>                                     </del>			<del> </del>	Chan	ge 🔲 Additi
NAME .			_		5.2 NAME							
STREET ADDRESS					5.3 STREE	TADDRESS	\$	•				
					5.4 CITY-S	T-ZIP						
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE		+				☐ Chan	ge Additi
NAME			_		6.2 NAME						_	
STREET ADDRESS					6.3 STREE	TADDRESS	3					
STREET ALAUKESS	H				64 CITY-5		1					

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: \_