## 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

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

03-23-1999 90066 002 \*\*\*150.00

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## DOCUMENT # P98000059658

RINEHOLD TRUCKING COMPANY

<u></u>						-	(8) 8) 18   B.   B.   B.   B.   B.   B.   B.   B	ANIAN HAN TAAL
Principal Place of Business Mailing Address								
309A SOUTH 20TH STREET 309A SOUTH 20TH STREET						<u>, , , , , , , , , , , , , , , , , , , </u>		
HAINES CITY FL 33844 HAINES CITY FL 33844						DO NOT WRITE IN THIS SPACE		
ì						3. Date Incorporated or Qualifed		
2001						07/02/1998		j
3 Dringing D	less of Business	2a. Mailing Address			**-	4. FEI Number	Apr	olied For
						59-3361226	·	Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						3120144	\$8.75 A	
						5. Certifcate of Status Desired	Fee Red	
22     27						6. Election Campaign Financing	\$5.00	Mov Bo
			•			Trust Fund Contribution	Added to	
<b>Zip</b>	Country Zip					8. This corporation owes the current year		
	25 29 30			auntry  8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			□No	
24 25 29 3 9. Name and Address of Current Registered Agent						10. Name and Address of New Registers	ed Agent	
<del></del>	J. Italie and Address of Carterie	. Registered Agent	81	I Na	ame			
RAF	OOL, RAYMOND J II		<u> </u>	↓				
1519 THIRD STREET, S.E.			82	2∣St	reet Addres	ss (P.O. Box Number is Not Acceptable)		
	TER HAVEN FL 33880	,	83	+	<del></del>			
	(21) (1) (12)			1				
	•		84	₽ Ci	ity	F	85 Zip C	ode
			45	<u> </u>				registered
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_	Jouce Kine	-				<del></del>	<i>-90 -4</i>	<u>'9</u> _
	Signature, by ed or printed name of registered agent			ent sign	ature required v	when reinstating)  DATE  APPLITIONS (CHANGES TO DESIGNED)	AND DIRECTO	DC IN 12
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D .	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	RINEHOLD, JOYCE		1.2 NAME					1
STREET ADDRESS			1.3 STREET ADDRESS		RESS	•		
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-5	ST-ZIP				
TITLE	D.	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME ;	RINEHOLD, RICHARD		2.2 NAME					
STREET ADDRESS	309A SOUTH 20TH STREET		2.3 STREE	ET ADD	RESS			
CITY-ST-ZIP	HAINES CITY FL 33844		2. 4 CITY-	ST-ZIF	,			
TITLE		☐ DELETE	3.1 TTLE				Change	Addition
NAME	•		3.2 NAME	•	ļ	- <del>8</del> 1 - <del>6</del> 1		,
STREET ADDRESS			3.3 STREE	ET ADD	RESS	•		
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME		_	4. 2 NAME					ļ
STREET ADDRESS			4.3 STREE		RESS			}
· 1	, ·		4.4 CITY-1	•				
CITY-ST-ZIP	<del></del>	☐ DELETE	5.1 TITLE	31-4P			☐ Change	Addition
' '		Ve++1L	5.2 NAME			4.		_
NAME			5.3 STREE		DESS.	. •	•	1
STREET ADDRESS			l			•		ļ
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	5.4 CITY - :				Change	Addition
TITLE :		☐ DELETE	0.1 IIILE				□ change	

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 1

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

SCHATTERE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR BIRECTOR

3-20-49

941-419-0195

CR2E034 (11/98)