

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).



0101814

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 AUG 17 PM 3:25

STATE OF FLORIDA

DOCUMENT # P98000059945

1. Corporation Name  
**WEST FLORIDA FREIGHT SERVICE, INC.**



Principal Place of Business  
**420 N. LOCKWOOD RIDGE RD. SARASOTA FL 34237**

Mailing Address  
**420 N. LOCKWOOD RIDGE RD. SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/06/1998**

4. FEI Number  
**65-0850518**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 **4607 9th Ave E.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **4607 9th Ave E.**  
 Suite, Apt. #, etc.

23 **Bradenton FL**  
 City & State

24 **34208** Country **U.S.**  
 Zip

9. Name and Address of Current Registered Agent  
**GONZALEZ, DONNA M**  
**420 N. LOCKWOOD RIDGE RD.**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name **Donna M. Gonzalez**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4607 9th Ave E.**

84 City **Bradenton** FL 85 Zip Code **34208**

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 *Donna M. Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable. (NOT required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, DONNA M</b>	
STREET ADDRESS	<b>420 N. LOCKWOOD RIDGE RD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Donna M. Gonzalez</b>
1.3 STREET ADDRESS	<b>4607 9th Ave E</b>
1.4 CITY-ST-ZIP	<b>Bradenton FL 34208</b>
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	
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	

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 -08/25/99-0107-018  
 \*\*\*\*150.00 \*\*\*\*150.00

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.

SIGNATURE: *Donna M. Gonzalez* 8/9/99 941-951-3731  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

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August 9, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: West Florida Freight Service, Inc.

To Whom It May Concern:

This letter is to request an exception in paying late fees for the continuation of my corporation. In August of 1998, for the very first time, I filed for the above corporation. I did not realize there was a penalty if the renewal was filed after May 1, 1999.

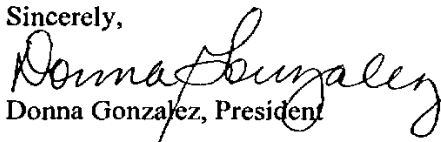
I also suffered a great hardship during May and June for several reasons. In April of 1999, I moved my residence and no longer live at Lockwood Ridge Road. All of my important paperwork had been packed away and I somehow misplaced the renewal documents. I then contacted your office and requested a new set of documents to be mailed. The forms were received either in June or July of 1999.

Then in May of 1999, my business/corporation is that of a Semi-truck, which was stolen. I do have copies of any and all claims through my insurance company and the police report if you need to verify same. The truck was stolen from a lot in Bradenton. Three weeks later, my truck was discovered in Miami with much destruction. It took yet another week to get the truck transferred to Bradenton for repairs and then yet another 4 weeks to be repaired. In total I was without income for 8 weeks. My insurance policy only covered damage and not lost wages. I am also having to defer 2 of my truck payments of 8 months for the same time frame. The company in which I leased the truck to, also would not allow my driver and truck back. Therefore, I had to find another company to work with, which took another 2 weeks. I believe you can imagine the income lost and why it is hard for me to come up with funds for this amount.

I now realize the importance of filing forms on time and promise to file correctly in the year 2000.

Enclosed is my check for \$150.00 as instructed by your office with this letter of explanation. Please take my situation of hardship into consideration and allow the late fees to be waived. I have also placed my new residence location on the form.

Sincerely,

  
Donna Gonzalez, President