

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
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90006 028 ***158.75

DOCUMENT # P98000071380 OK

1. Corporation Name

L J HAULING INC

Principal Place of Business

4957 18th COURT SW
NAPLES FL 34116
US

Mailing Address

4957 18th COURT SW
NAPLES FL 34116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 4957 18th COURT SW
Suite, Apt. #, etc.

2a. Mailing Address

26 4957 18th COURT SW
Suite, Apt. #, etc.

4. FEI Number

59-3526227

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State--

23 NAPLES FL

City & State--

28 NAPLES FL

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip Country

24 34116 25 US

Zip Country

29 34116 30 US

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name JAMES C. STEWART JR.

82 Street Address (P.O. Box Number is Not Acceptable)
2121 COUNTY ROAD 951

83 SUITE 101

84 City NAPLES FL

FL

85 Zip Code 34116

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

[Signature]

4/26/99

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. JAMES C. STEWART JR.
2121 COUNTY ROAD 951
SUITE 101
NAPLES FL 34116

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

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□ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change □ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

□ Change □ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

□ Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

□ Change □ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

□ Change □ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

941-455-3393

Daytime Phone #

CR2E034 (11/98)