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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 AUG 25 AM 9:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000079320

1. Corporation Name NEPTUN TRUCKING INC



4/20/99 90137 005 \$150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 19321-C US HWY. 19 N SUITE 601 CLEARWATER FL 33764

Mailing Address 19321-C US HWY. 19 N SUITE 601 CLEARWATER FL 33764

3. Date incorporated or Qualified 09/08/1998
4. FBT Number 59-3533910
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. This corporation owes the current year intangible Personal Property Tax.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent GAWRON, MARY 19321-C US HWY. 19 N SUITE 601 CLEARWATER FL 33764

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

Table with 5 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Entry 1: JOHN T MISKIEWICZ, 9823 WHITE CASCADE DR, CHARLOTTE NC 28269.

Table with 5 rows for Additions/Changes to Officers and Directors in 12. Includes columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

SIGN & DATE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(2)(a), Florida Statutes. I further certify that the information indicated on this annual report 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 of 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 files empowered.

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

CR2E034 (1/1/98)