PROFIT **CORPORATION** ANNUAL REPORT -

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris.

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90027 001 ***150.00

DOUBLE	D TRACTOR SERVICES, II	VC.					
Principal Place	of Business	Mailing Address			•		
31701 SAM CO		31701 SAM COCK RO MYAKKA CITY FL 34251			[
MYAKKA CITY I	FL 34251	MINNIN OIL IL OSCA			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/09/1998		
2. Principal Pl	ace of Business	2a. Malling Address			4. FEI Number	<i>,</i> ,	oplied For
21		26			65-086 19 1		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_ 5 Certificate of Status Desired		Additional
22	<u> </u>	27			- Figure Composed Financing		May Be
City & State) J	City & State -			Election Campaign Financing Trust Fund Contribution		to Fees
23	Country	28	Country	7	8. This corporation owes the currer		
Zip 24	25i	_ · ·	30	•	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	
			81	Name			
DETWEILER, SHELBY J			82 Street Ado		lress (P.O. Box Number is Not Acceptable	e)	
31701 SAM COOK RD			ļ				
MYA	KKA CITY FL 34251		83	'		_	
			84	City		85 Zip	Code
			100	i City			
11, Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a		1	poration submits this statement for the pi lon's board of directors. I hereby accept	urpose of changing its the appointment as re	registered egistered
11, Pursuant office or n agent. I a SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	as, the above uthorized by Ida Statutes Registered Age	re-named corporat the corporat	poration submits this statement for the pi ion's board of directors. I hereby accept and when releasing)	urpose of changing its the appointment as re	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	as, the above uthorized by ida Statutes Registered Age 13.	re-named corporat the corporat		urpose of changing its the appointment as re	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	as, the above of the state of t	re-named con the corporat s.	red when reinstating)	propose of changing its the appointment as re DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DETWEILER, ANTHONY R	nt and title if applicable. (NOTE	es, the above otherized by idea Statutes Registered Age 13, 1.1 TITLE	re-named corporate the corporate signature require	red when reinstating)	propose of changing its the appointment as re DATE CERS AND DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DETWEILER, ANTHONY R 31701 SAM COOK RD NYAKKA CITY FL 34251	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY-S	re-named corporate. In signature require	red when reinstating)	propose of changing its the appointment as re DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DETWEILER, ANTHONY R 31701 SAM COOK RD MYAKKA CITY FL 34251	nt and title if applicable. (NOTE	es, the above thorized by ida Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	e-named con the corporat s. int signature requir	red when reinstating)	DATE CERS AND DIRECT Change	ORS IN 12
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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.

6.4 CITY-ST-ZIP