

AND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000081635**

Corporation Name
TWO OF KIND TRUCK BROKERS INC.

Principal Place of Business
**5-A IRLON BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771**

Mailing Address
**5345-A IRLON BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 023 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6995 NOVA RD

2a. Mailing Address
6995 NOVA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST CLOUD, FL

City & State

ST CLOUD, FL

Zip
34771-9607

Country
USA

Zip
34771-9607

Country
USA

9. Name and Address of Current Registered Agent

**ROBERTS, DARR F
5345-A IRLON BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771**

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number

59-3534576

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

DOROTHY J LUBERDA

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

1101 EASTERN AVE

83.

84. City **ST CLOUD**

FL

85. Zip Code
34769

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSD DURKIN, ROBERT 6455 FALL STRET ST. CLOUD FL 34771	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD ROBERT, DARR F 1610A HADDOCK STREET ST. CLOUD FL 34771	<input type="checkbox"/> DELETE	2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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:

ROBERT J DURKIN

7-6-99 407-957-0100

CR2E034 (5/99)