

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOMOSCOO

PEAKSON'S QUALITY HAUL	ing, inc.
Principal Place of Business	Mailing Address
5220 CR 570 NO. LOT 119 SEFFNER FL 33584	5220 CR 570 NO. LOT 119 SEFFNER FL 33584

Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90092 027 ***150.00

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Principal Plac	e of Business	Mailing Address				
5220 CR 570 N	10. LOT 119	5220 CR 570 NO. LOT 119				
SEFFNER FL 33584 SEFFNER FL 33584				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
•					10/01/1998	
2. Principal Place of Business 2a. Malling Address			_		4. FEI Number 2 7 2 7 Applied For	
26					59-3538798 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired Sa.75 Additional	
27			<u> </u>	<u></u>	- Fee Modulad	
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
3		28	Count			
_ Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.	
4 .	25		[30]		10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	It stoffiereren tefferer		1 Name		
PFA	RSON, JOHN		1		(D.O. Barristania)	
	0 CR 570 NO. LOT 119		۱۶	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SEFFNER FL 33584			8	3		
			<u> </u>		85 Zip Code	
				4 City	FL 85 Zip Code poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ID DIRECTORS	13.	pent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP					
NAME		☐ DELETE	1.1 TITU	- 1	☐ Change ☐ Addition	
	PEARSON, JOHN E	OETEIE	1.2 NAV	E		
	5220 CR 570 NO. LOT 119	, DETELE	1.2 NAM 1.3 STRE	E ET ADORESS		
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OTTY-57-ZEP	5220 CR 570 NO. LOT 119 SEFFNER FL 33584 DST	O DELETE	1.3 STRE 1.3 STRE 1.4 CITY 2.1 TITU	ET ADORESS -ST-ZIP	☐ Change ☐ Addition	
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es not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. I hereby certify that the Information supplied with this indicated on this annual report or surplemental annual officer or director of the corporation of the receiver for Block 12 or Block 13 if changed for on an attachment