

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR A
AMOUNT DUE ON OR BEFORE 09/15/99: \$250 (IF DISSOLVED, MINIMUM AMOUNT

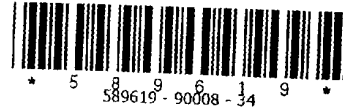
FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90050 014 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA
Ka
Se
DIVISION OF CORPORATIONS

DOCUMENT - 2



DOCUMENT # **P98000088002**

1. Corporation Name

WALLACE & SONS TRUCKING, INC.

Principal Place of Business

**5079 DALEWOOD LANE
LAKE WORTH FL 33467**

Mailing Address

**5079 DALEWOOD LANE
LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

10/14/1998

3. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3537054

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

9. Name and Address of Current Registered Agent

**WALLACE, MIGDALIA
5079 DALEWOOD LANE
LAKE WORTH FL 33467**

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

Migdalina Wallace

(NOTE: Registered Agent signature required when constituting)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *President*

STREET ADDRESS *Migdalina Wallace*

CITY-STATE-ZIP *5079 Dalewood Lane*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Migdalina Wallace *Migdalina Wallace* **4/14/99** **5079 Dalewood Lane**

CR2E034 (5/99)

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