SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR A
AMOUNT DUE ON OR BEFORE 09/15/99: $550 IF DISSOLVED, MINIMUM AMOUN

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999

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DIVISION OF CORPORATIONS

589619 - 90008 - 34

DOCUMENT # **P98000088002**

1. Corporation Name

WALLACE & SONS TRUCKING, INC.

Principal Place of Business	Mailing Address
5079 DALEWOOD LANE LAKE WORTH FL 33467	5079 DALEWOOD LANE LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1998**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29 / 30	Zip / Country

4. FEI Number: 59-3537057 ☐ 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: Migdalia Wallace Migdalia Wallace President 4/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Migdalia Wallace	1.2 NAME	
STREET ADDRESS	5079 Dalewood Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth FL 33467	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Migdalia Wallace Migdalia Wallace 4/8/99 561-642-2857

CR2E034 (5/99)