## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096418

TONEY TRUCKING, INC.

Principal Place of Business 619 S. GLANCY DRIVE DELTONA FL 32725 Mailing Address

619 S. GLANCY DRIVE DELTONA FL 32725

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90263 036 \*\*\*150.00

**=**::::



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

| City & State    Country   20   Count |   |  |   |             |   | 11/12/1998   |  |  |  |
|--|---|--|---|-------------|---|--|--|--|--|
| Suite, Apt. F, etc.    Suite, Apt. F, etc.   27  | 2. Principal Pla  | ace of Business                          |   | TRYTR       | DEMINY IN   |  | A <u>r</u>                             | plied For                              |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   200   38.   200 | 21 Big. S. GLANCY DR 26 PO BOX. 741228  |  |   | 2 <i>8</i>  | _   | 59-3554640   | No                                     | ot Applicable                          |  |
| City & State   |   |  |   |             |   | 5 Cortificate of Status Desired  |  |  |  |
| Added to Fiese   Adde   | 22  |  |   |             |   | 3. Certificate of Status Desired   |  |  |  |
| Section   Parameter   Parame   |   |  |   |             |   | -6Election Campaign Financing -  | \$5:00                                 | Мау Ве                                 |  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent  13. Name  14. Purpose to the provisions of Sections 97 0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and office or registered Agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  13. Signature, Typed or private from or Impatient Agent agent and their appricable.  14. Purpose to the provision of Sections 97 0502 and 807,1508, Florida Statutes.  15. Signature, Typed or private from or Impatient Agent agent and their agent and their agent agent agent and their agent agent and their agent agent agent and their agent agent agent agent and their agent agent agent and their agent a | 23 DELTONG F C - 28 O RANGE CITY, F   |  |   | , 12        |   |  | Added                                  | to Fees                                |  |
| 10. Name and Address of New Registered Agent  TONEY, DAN E B19 S. GLANCY DRIVE DELTONA FL 32725  13. Variet Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 807 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the spinorhment as registered agent, and an experiment of the purpose of changing its registered agent, and an experiment of the purpose of changing its registered agent, and an experiment of the purpose of changing its registered office or registered agent are not in a spinorhment as registered of directors. I hereby accept the spinorhment as registered of spinorhment as registered of agent and the spinorhment as registered of the purpose of changing its registered of agent and the spinorhment as registered of agent and the spinorhment as registered agent and the appropriate and the appropriate agent a | Zip Country Zip   |  |   |             |   | 8. This corporation owes the current year  | ır Intangible                          | ا ــــــــــــــــــــــــــــــــــــ |  |
| 10. Name and Address of New Registered Agent  TONEY, DAN E 819 S. GLANCY DRIVE DELTONA FL 32725  13.   Sirred Address (P.O. Box Number is Not Acceptable)  14.   City   FL   85   Zip Code  15.   Pursuant to the provisions of Sections 807 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It am himster with, and a coupt the obligation of, Section 907.0508, 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 agent, and a coupt the obligation of, Section 907, 9508, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   | 24 32725 25 VOLDIS A 29 32 77 4. 122830 .   |  |   |             | A 200   | <del></del>  |  | No                                     |  |
| TONEY, DAN E 619 S. GLANCY DRIVE DELTONA FL 32725  11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  12. STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  12. STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  12. NAME  13. STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS A | Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent |  |   |             |   |  |  |  |  |
| Signature. Upset or protect name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 607,0505, Florida Statutes, the opporation agent, and the obligations of, Section 607,0505, Florida Statutes, the opporation agent, and the obligations of, Section 607,0505, Florida Statutes, the opporation agent, and the obligations of, Section 607,0505, Florida Statutes, the opporation agent, and the obligations of, Section 607,0505, Florida Statutes, the opporation agent, and the obligations of Section 607,0505, Florida Statutes, the opporation agent, and the obligations of Section 607,0505, Florida Statutes, t | TONEY, DAN E  |  |   |             | Name  |  |  | ř                                      |  |
| SIGNATURE    Pursuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes are under the provision of section 607 0505, Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.    International Control of the State of Florida Statutes are under the purpose of changing its registered agent. I am familiar with, and accept the obligation of, Section 607,0505, Florida Statutes.    International Control of the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered and statutes.    International Control of the purpose of changing its registered and statutes. I have a control of change and accept the purpose of changing its registered agent. International purpose of changing its registered agent. I |   |  |   |             | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |  |
| 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-harned corporation autimits this statement for the purpose of changing its registered signal 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  15. OFFICERS AND DIRECTORS  16. 12. NAME  17. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEX DAME  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 619 S. GLANCY DRIVE   |  |   |             | ou out vide soo (1.3. box visitos)                    |  |  |  |  |
| 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 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, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, Typed or printed name of registered agent ain title applicable. (NOTE: Registered Agent signature required when introducing)   DATE     12.  |   |  |   | 83          |   |  |  | ļ                                      |  |
| 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 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, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, Typed or printed name of registered agent ain title applicable. (NOTE: Registered Agent signature required when introducing)   DATE     12.  |   |  |   |             | City  |  | ge 7in                                 | Code                                   |  |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607/505/5 Florida Statutes.  SIGNATURE  Signature, Typed or printed name of registered agent with the flappicable. (MOTE. Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TONEY, DAN E  STREET ADDRESS  TONEY, DAN E  619 S. GILANCY DRIVE  13. STREET ADDRESS  CITY-ST-ZP  TITLE  DELTONA FL 32725  14. CITY-ST-ZP  DELETE  21. TITLE  Change Addition  Addition  MAKE  33. STREET ADDRESS  24. CITY-ST-ZP  TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRE |   |  |   |             | City  |  | FL   °°   Zip '                        | Joue                                   |  |
| Signature, Speed or privinds have deep rand that if appricable. (NOTE, Replaced Agent and general angular despirator Agent angular ang | office or re  | egistered agent, or both, in the State o | it Florida. Such change was aut         | horized by  | the corporation                                       | ration submits this statement for the purpos<br>is board of directors. I hereby accept the a   | se of changing its<br>ppointment as re | registered<br>gistered                 |  |
| Signature, Speed or privinds have deep rand that if appricable. (NOTE, Replaced Agent and general angular despirator Agent angular ang | SIGNATURE   |  |   |             |   |  |  |  |  |
| TITLE D TONEY, DAN E 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 STREET ADDRESS DELTONA FL 32725 14 COTY-ST-ZIP DELTONA FL 32725 15 COTY-ST-ZIP DELTONA FL 32725 16 COTY-ST-ZIP DELTONA FL 32725 17 CONSTRUCT ADDRESS DELTONA FL 32725 17 CONSTRU |   |  |   |             | nt signature required                                 |  |  | 200 (1) 40                             |  |
| TONEY, DAN E  STREET ADDRESS  619 S. GLANCY DRIVE DELTONA FL 32725    14, CITY- ST-ZIP   | 12.   |  | <del></del>                             |             |   | ADDITIONS/CHANGES TO OFFICER   |  |  |  |
| 619 S. GLANCY DRIVE DELTONA FL 32725  ITTLE  WAME STREET ADDRESS  | TITLE   | _  | ☐ DETEIF                                | _           |   |  | [_] Change                             | [] Addition                            |  |
| 14.CITY-ST-ZIP   | NAME  |  |   | 1.2 NAME    |   |  |  |  |  |
| DELETE   | STREET ADDRESS  |  | 1.3 ST                                  |             | TADDRESS  |  |  |  |  |
| MAME   | CITY-ST-ZIP   | DELTONA FL 32725                         | ·                                       | 1.4 CITY- S | T-ZIP   |  |  |  |  |
| 23 STREET ADDRESS   24 CITY-ST-ZIP   | TITLE   |  | ☐ DELETE 2.1 TI                         |             |   |  | Change                                 | Addition                               |  |
| 2 4 CITY-ST-ZIP  | NAME  |  | 2.2 N                                   |             | ļ   |  |  |  |  |
| DELETE   DELETE   3.1 TITLE   Change   Addition  | STREET ADORESS  | 235                                      |   | 2.3 STREE   | TADDRESS  |  |  | '                                      |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  | CITY-ST-ZIP   |  |   | 2. 4 CITY-5 | ST-ZIP  |  |  |  |  |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   | TITLE   | ☐ DELETE 3.1 TO                          |   | 3.1 TITLE   |   |  | Change                                 | Addition                               |  |
| 34. CITY-ST-ZIP  | -NAME   |  |   | 3.2 NAME    |   | The second secon |  |  |  |
| 34. CITY-ST-ZIP  | STREET ADDRESS  |  |   | 3.3 STREE   | TADDRESS  |  |  |  |  |
| DELETE   | -   |  |   | 3.4. CITY-9 | ST-ZIP  |  |  |  |  |
| A 2 NAME   | TITLE   |  | ☐ DELETE                                |             |   |  | ☐ Change                               | ☐ Addition                             |  |
| ### ### ##############################   | NAME  |  |   | 4. 2 NAME   |   |  |  |  |  |
| ### ##################################   |   |  |   | 4.3 STREE   | TADDRESS  |  |  |  |  |
| ### TITLE  | ļ   |  |   |             |   |  |  | ٠.                                     |  |
| STREET ADDRESS   | TITLE   | <del></del>                              | ☐ D€LETE                                | -           |   |  | ☐ Change                               | Addition                               |  |
| 5.3 STREET ADDRESS     5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     6 1 TITLE   Change   Addition   Change   Addition   Change   Addition   Change   CITY-ST-ZIP     6.3 STREET ADDRESS   6.4 CITY-ST-ZIP   6.4 CITY-ST-ZIP   6.5 STREET ADDRESS   6   | \ \   |  | <del></del>                             |             |   |  |  |  |  |
| DELETE       DELETE     Change   Addition  |   |  |   | 5.3 STREE   | T ADDRESS   |  |  | l                                      |  |
| DELETE   |   |  |   | 5.4 CITY-S  | st-ZIP  |  |  | '                                      |  |
| 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP   |   |  | □ DELETE                                |             |   |  | ☐ Change                               | Addition                               |  |
| STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  |   |  | [ ] OCCLIC                              |             |   |  |  | _                                      |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |   |  |   | 2           | T ADDRESS   |  |  |  |  |
|  | STREET ADDRESS  |  |   |             |   |  |  |  |  |
| 44 11 1 Provide Statutes I further cortife that the information stated in Contine 440 07/2Vi) Elevide Statutes I further cortife that the information  | C/TY-ST-Z/P   | P 1 20                                   | this filling along the small fill for a |             |   | action 119 07/3/(i) Elorida Statutos I furthe  | r cartify that the                     | information                            |  |

14. I hereby centry 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 annibal 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 exporation 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.

SIGNATURE

SUNATURE AND THE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-789-4121