## 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

2a. Mailing Address

## DOCUMENT # P98000102644

2. Principal Place of Business

21

NU IMAGE TRUCKING INC.

Principal Place of Business	Mailing Address			
1202 EDWARD AVE. (#	1202 EDWARD AVE.			

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90012 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

12/07/1998

Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22		27	City & Charles					<del></del>
City & Stat	ie	28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country		Zip Country		•	8. This corporation owes the current y		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registe	ered Agent			10. Name and Address of New Regis	tered Agent	
				81	Nar	I		
BROWN, ANDREW 1202 EDWARD AVE. LEHIGH ACRES FL 33972				82	Str	Address (P.O. Box Number is Not Acceptable)		
					83			
				83				
				84	City		FL 85 Zip C	Code
					1	de la contraction de la contra		registered
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	a of Florida	i. Such change was aut	norized by	tne c	d corporation submits this statement for the purp poration's board of directors. I hereby accept the	appointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable (NOTE: F	Registered Age	nt signa	required when reinstating)	ATÉ	
12.	OFFICERS A		<del></del>	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BROWN, ANDREW			1.2 NAME				
	1202 EDWARD AVE.			1.3 STREE	TADDR	3	•	
CITY-ST-ZIP	LEHIGH ACRES FL 33972			1.4 CITY-S	T-ZIP			
TITLE	LET HOUT TO THE TENTE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS			•	2.3 STREE	TADDR	3		
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDR	s		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			☐ Change	Addition Addition
NAME				4. 2 NAME				
STREET ADDRESS	;			4.3 STREE	TADDR	s		
CITY-ST-ZIP	1			4.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	TADDR	3		
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	1			6.2 NAME				
STREET ADDRESS				6.3 STREE	T ADDR	s		
CITY-ST-ZIP	1			6.4 CITY-5	ST-ZIP			
OUT-SPAIR	1						t and the state of the state of	* "

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 with all other like empowered.