

**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

**APPROVED AND FILED**

99 MAR 29 PM 2: 19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **12/17/1998**
- 4. FEI Number: **59-3353549** 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 Tax:  Yes  No

**DOCUMENT # P98000104551**

1. Corporation Name  
**SUNSHINE TRUCKING OF TALLAHASSEE, INC.**

Principal Place of Business: **615 SAINT PATRICK DR. TALLAHASSEE FL 32310**  
 Mailing Address: **615 SAINT PATRICK DR. TALLAHASSEE FL 32310**

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

**9. Name and Address of Current Registered Agent**

**COOK, LORA MAY**  
**615 SAINT PATRICK DR.**  
**TALLAHASSEE FL 32310**

**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**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be in Block 12.) (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMILTON, WESLEY H</b>	
STREET ADDRESS	<b>1721 WADE RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDALL COOK, JACK</b>	
STREET ADDRESS	<b>615 SAINT PATRICK DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, LORA MAY</b>	
STREET ADDRESS	<b>615 SAINT PATRICK DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>DP</i>
23 STREET ADDRESS	<i>Randall Cook, Jack</i>
24 CITY-ST-ZIP	<i>615 Saint Patrick Dr.</i>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>DP/DV/DS</i>
33 STREET ADDRESS	<i>COOK, LORA MAY</i>
34 CITY-ST-ZIP	<i>615 Saint Patrick Dr.</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 -03/29/99-01114-021  
 \*\*\*\*158.75 \*\*\*\*158.75

*JB*  
**3-29-99**

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.

**SIGNATURE:** *Lora M. Cook* Lora M. COOK

*3/29/99* \$50/574-1011

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