

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90635 046 ***150.00

DOCUMENT # S59902

1. Entity Name

G & W TANK LINES, INC.



Principal Place of Business

**1628 SOUTH 51ST STREET
TAMPA FL 33619
US**

Mailing Address

**P O BOX 271788
TAMPA FL 33688
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3079949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLSELLI, RICHARD W
1628 SOUTH 51ST STREET
TAMPA FL 33619**

Name

PATSY POLSELLI

Street Address (P.O. Box Number is Not Acceptable)

3318 WESTMORELAND DR.

City

TAMPA

FL

Zip Code

33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patsy Polselli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LARAMEE, DAVID
1628 S 51ST STREET
TAMPA FL 33619** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**0. Personal Representative
Patsy Polselli
3318 WESTMORELAND DR.
TAMPA, FL 33618** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POLSELLI, RICHARD W.
1628 SO 51ST STREET
TAMPA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patsy Polselli P.R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2004 813-963-1449

Date

Daytime Phone #