

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90239 018 ***150.00

DOCUMENT # V51640

1. Corporation Name

B & K TRUCKING, INC.

Principal Place of Business

160 WEST WASHINGTON AVE.
LAKE HELEN FL 32744
US

Mailing Address

P.O. BOX 148
LAKE HELEN FL 32744-0148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1992

4. FEI Number

59-3133749

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

2. Principal Place of Business

21 129 DOGWOOD AVE.

Suite, Apt. #, etc.

22 Orange City, FL

City & State

23 32763 USA

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 1048

Suite, Apt. #, etc.

27 Orange City FL

City & State

Zip

Country

29 32744-1048

30 USA

9. Name and Address of Current Registered Agent

GRAHAM, JOAN M
160 WEST WASHINGTON AVE.
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name

Graham Jean-Marie

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

129 DOGWOOD AVE.

83

84 City

Orange City

FL

85 Zip Code

32763

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

Jean-Marie Graham

Jean-Marie Graham

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GRAHAM, JAMES F
STREET ADDRESS 129 DOGWOOD AVE.
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VPS ☐ DELETE
NAME GRAHAM, JOAN M.
STREET ADDRESS 160 W. WASHINGTON AVE.
CITY-ST-ZIP LAKE HELEN FL 32744

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Jean-Marie Graham
1.3 STREET ADDRESS 129 DOGWOOD AVE.
1.4 CITY-ST-ZIP Orange City, FL 32763

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Jean-Marie Graham

Jean-Marie Graham

4-20-99

(904) 775-8530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0086172