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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V64967 1. Corporation Name

MELETICH TRUCKING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90289 015 ***150.00

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Principal Place	e of Business	Mailing Address		T (BOIC Eliten Britt Bible taltin Berri tant dinte gener menr anner anner anner	(81) 1801
952 JERRY CT. LAKELAND FL 3	- 154 - 1	952 JERRY CT. LAKELAND FL 33809		DO NOT WRITE IN THIS SPACE	
		<u> </u>		3. Date Incorporated or Qualifed	
				09/17/1992	- 1
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied	For
21 052	1.000	26 952 delly 6	eT	59-3143186 Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired \$8.75 Addit	ional
22		27	•	Fee Require	ed
City & State	e /	City & State		6. Election Campaign Financing \$5.00 May	
23 LAILET	but IL	28 LAKETANE		Trust Fund Contribution Added to Fe	es
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_
24 33 8/6		29 FLJ3810 30	<u> </u>	Personal Property Tax.	0
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MELL	ETICH, EDITTA		o i Name	<u> </u>	
	JERRY CT.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	ELAND FL 33805		83		
	,		**		
			84 City	Ei 85 Zip Code	·
11 Pursuent	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes	the above-named:	corporation submits this statement for the purpose of changing its regi	stered 😁 🤧
office or re	enistered agent or both in the State (nt Florida. Such change was auth	iorized by the corbo	pration's board of directors. I hereby accept the appointment as register	red
- agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.		
SIGNATURE	·				ì
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	1
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: Re D DIRECTORS	gistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12 Addition
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 48356969	
12.	D #8356969 MELETICH, SAMUEL	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 48756969	
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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;

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