## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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	MENT # 7711 TRANSPORT, INCORPO			 		
Principal Place	e of Business	Mailing Address	****		61 <b>6</b> 1 <b>010</b> 11 01 <b>0</b> 11 0101 011	
55 N. LAKE		55 N. LAKE AVE. LAKE BUTLER FL 320	<del>64-1</del> 733			
			• • • • • • • • • • • • • • • • • • • •	3. Date Incorporated or Qualified 11/07/1983	3a. Date of Last 01/20/1	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<del></del>	Applied For
21		26		59-2342930	<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	M	Additional Required
City & Stati	e	City & State		6. Election Campaign Financing	\$5.0	0 May Be
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Adde	to Fees
24	25	29	30	Florida Statutes	itangible tax under s. ☐ Yes ☑ No	133.002,
	9. Name and Address of Cu	rrent Registered Agent	041	10. Name and Address of New Re	egistered Agent	
MAINEC	. N. I.E.		81 Name			
	S, IV J E LAKE AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)	
	SUTLER FL 32054		83			
			94 (0)			
			<b>84</b> City		85   Zip	Code
11 Purcupat	to the provisions of Continue 617.0	0600 and 617 1500. Florida Challe			FL.	
tamiliar wi	to the provisions of Sections 617.0 red agent, or both, in the State of fith, and accept the obligations of, \$	rionda. Such change was authoru	tes, the above-named corporation's box	oration submits this statement for the purp ard of directors. I hereby accept the appo	2000 01 00000 00 10 0	egistered office agent. I am
familiar wi	ifth, and accept the obligations of, \$  Signature, typed or printed name of registered.	rionoa, Such change was authoric Section 617,0503, Florida Statute: agent and the Parick also	tes, the above-named corporated by the corporation's books.	and of directors. I hereby accept the appointed of directors.	pose of changing its mintment as registered	agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

01-17-96 (904) 496-2056