

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86673 (4)
 1. Corporation Name: **Fun Transports Inc.**

Principal Place of Business: **7029 Nundy Ave. Gibsonton, FL 33534**
 Mailing Address: **P.O. Box 1929 Gibsonton, FL 33534**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **6/20/88**

4. FEI Number: **59-2895492** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Stephen W. Jones
c/o Walker and Assoc. CPA, P.A.
211 SO. Dale Mabry Hwy.
Tampa, FL 33609

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0805, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	William R. Myers	
STREET ADDRESS	101 Old Pinson Rd.	
CITY-ST-ZIP	Jackson, TN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	David E. Starkey	
STREET ADDRESS	Rte. 3 Box 485	
CITY-ST-ZIP	Tampa, FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	Richard H. Starkey	
STREET ADDRESS	Rte. 3 Box 485	
CITY-ST-ZIP	Tampa, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	7029 Nundy Ave.
14. CITY-ST-ZIP	P.O. Box 1929
15. CITY-ST-ZIP	Gibsonton, FL 33534
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	7029 Nundy Ave.
24. CITY-ST-ZIP	Gibsonton, FL 33534
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	7029 Nundy Ave.
34. CITY-ST-ZIP	Gibsonton, FL 33534
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	900002558735
64. CITY-ST-ZIP	-06/12/98--01087--037
	***150.00

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 supplement 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 officer 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 from an individual with an address.

SIGNATURE: William R. Myers **William R. Myers 4/27/98 813-677-2787**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

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