

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

FILED
Apr 16 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000021250 (4)
 1. Corporation Name
A SELECTIVE TRANSPORTATION INC.



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| Principal Place of Business 159 KELLY CIRCLE SANFORD FL 32773 US | Mailing Address P.O. BOX 520553 LONGWOOD FL 32752 US |
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DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 429 Hollingshead Loop PO Box 690454 Suite, Apt. #, etc. | 2a. Mailing Address PO Box 690454 Suite, Apt. #, etc. |
| 22. City & State Davenport FL | 27. City & State Orlando FL |
| 23. Zip 33837 | 25. Country POK |
| 24. Name and Address of Current Registered Agent FOUNTAIN, DENNIS F 1811 ALT SPGS DR. ALT. SPG. FL 32775 | 29. Zip 32869 |
| 26. Country POK | 30. City Orange |

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/22/1993 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-3169587 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 81. Name FOUNTAIN, DENNIS F |
| 82. Street Address (P.O. Box Number is Not Acceptable) 1811 ALT SPGS DR. |
| 83. |
| 84. City ALT. SPG. FL |
| 85. Zip Code 32775 |

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| 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> DELETE |
| NAME BREDEL, MARLIES | 7090 |
| STREET ADDRESS 158 KELLY CIRCLE | |
| CITY - ST - ZIP SANFORD FL 32773 | |
| TITLE Secretary | <input type="checkbox"/> DELETE |
| NAME ZIRNFELD, EVI | 2090 |
| STREET ADDRESS 10021 GALTON LN | |
| CITY - ST - ZIP ORLANDO FL | |
| TITLE VP | <input type="checkbox"/> DELETE |
| NAME Suzanne Kay Cain | 1090 |
| STREET ADDRESS 429 Hollingshead Loop | |
| CITY - ST - ZIP Davenport FL 33837 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **M. Breidel, Marlies Breidel** Date: **4-9-98**

CR2E034 (10/97)