

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

0018

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90036 001 ***150.00

DOCUMENT # P95000035800

1. Corporation Name
A-TOP TRANSPORTATION COMPANY, INC.

Principal Place of Business
RT 21 BOX 5047
LAKE CITY FL 32024
US

Mailing Address
RT 21 BOX 5047
LAKE CITY FL 32024
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1995

4. FEI Number
59-3307359

5. Certificate of Status Desired Applied For Not Applicable \$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

9. Name and Address of Current Registered Agent

FOSE, ROSITA R
ROUTE 5, BOX 526-A
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	ROSE, ROSITA R	1.2 NAME	ROSITA ROSE
STREET ADDRESS	ROUTE 5, BOX 526-A	1.3 STREET ADDRESS	ROUTE 21 BOX 5047
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	VTD	2.1 TITLE	VTD
NAME	ROSE, FRANK W	2.2 NAME	FRANK ROSE
STREET ADDRESS	ROUTE 5, BOX 526-A	2.3 STREET ADDRESS	ROUTE 21 BOX 5047
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	LAKE CITY FL 32024
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address, with a power of attorney like empowered.

SIGNATURE:

Rosita R. Rose Rosita R. Rose 4-20-99 904 751-8895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)