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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000079088 (6)

Principal Place of Business	Mailing Address		
843 EAST ROSE STREET	943 EAST ROSE <b>STRE</b> ET		
LAKELAND FL 33801	LAKELAND FL <b>33801</b>		

**FILED** Jun 02 1998 8:00am Secretary of State

DUTCHMAN TRANSPORT, INC.					
Principal Place of Business	Mailing Address		L CONSTRUCT SIN INCIAN BRILL AND STATE AND STATE OF STATE	10010 (011) 00191 (016) (011 190)	
943 EAST ROSE STREET LAKELAND FL 33801	943 EAST ROSE STREET LAKELAND FL 33801		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified		
			09/20/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3402331	Not Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.	.,	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & Sinte		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip         Country           24         25	Z <sub>II</sub> )	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes ☐ No	
g, Name and Address of Curro	ent Registered Agent		10. Name and Address of New Register	ed Agent	
artman, stephen h	· ·	81 Name		i	
908 SOUTH FLORIDA AVENUE SUITE 102, COLONIAL BLDG.		82 Street Add			
LAKELAND FL 33803		83			
•		84 City		. 85 Zip Code	
				• <b>L</b>     .	
11. Pursuant to the provisions of Sections 607 of office or registered agent or both, in the State agent. I am familiar with, and accept the obtained of the Signature. Signature types to product some of registrations.  12. Of FICERS Al		rida Statutos  Registered Agent signature requi		<u> </u>	
TITLE D	DELETE	11 THUE		Change Addition	
NAME VAN STEE, DONN		12 NAME			
STREET ADDRESS 943 EAST ROSE STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP LAKELAND FL 33801		1,4 CITY - ST - ZIP			
TITLE	DILETE	2.1 TOLE		☐ Change ☐ Addition	
NAME		2.2 NAML			
STREET ADDRESS		2 3 STHEET ADDRESS			
City-St-ZiP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	31 11116		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		,	
CITY-SY-ZIP	Doubte	3.4 CHY-ST-7IP		Achana Harris	
TITLE	□ DELETE	4111111		Change Modition	
NAME		4 2 NAME		11/2/	
STREET ADDRESS		4.3 STREET ADDRESS	~	404/2	
CAY-SI-ZIP	DILETE	4.4 CHY - \$1 - ZIP	/	Change Addition	
TITLE	ר ליו מונגור	5 1 TITLE	•	- Fil Anguige Fil Montiou	
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CIFY-ST-ZIP	DETELL	5.4 City - \$1 - ZiP		Change Addition	
TITLE	( ) pretit	6.1 TILLE	8000025454	•	
NAME.		6.2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS	-0 <b>6/0</b> 3/9801010	ប្រារុ	

14. If 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

4/20/02

94/681.8968