SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PD. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
97 AUG 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000018204 (3)**

1. Corporation Name
A CENTRAL TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
6336 GARVEY DRIVE NEW PORT RICHEY FL 34652	6336 GARVEY DRIVE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1996
3a. Date of Last Report:
4. FEI Number: 59-3360045 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DESOSA, JUAN
6336 GARVEY DRIVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DESOSA, JUAN		1.2 NAME	
STREET ADDRESS	6336 GARVEY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DESOSA, SANDRA		2.2 NAME	
STREET ADDRESS	6336 GARVEY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	000002275280--2
STREET ADDRESS			4.3 STREET ADDRESS	-08/22/97--01105--025
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

8-20-97

CR2E034 (4/97)

14. I do 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: X _____

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August 4, 1997

JONES & COMPANY CPA'S, P.A.

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Document # P96000018204(3)
A CENTRAL TRANSPORTATION, INC.

Dear Examiner:

The taxpayer is in receipt of the Second Notice for the Corporation Annual Report.

We are requesting a waiver of the additional fees assessed for the 1997 Annual Fee for the following reason. The client was seriously injured in an automobile accident on January 21, 1997. Since that time, Mr. DeSosa has had surgery and numerous therapy treatments. He was unable to walk and had assumed that the corporate annual fee was submitted timely.

We are enclosing a check for $165 for your consideration. If this is unacceptable, please notify Mr. DeSosa so that he may not incur any additional assessments.

In view of injury which incapacitated the client for several months, we would hope that the State would make an exception in this case.

Thank you.

Sincerely,

Patricia Jones

Patricia Jones, CPA
JONES & COMPANY, CPA'S, P.A.

cc: Mr. Juan DeSosa

Enclosures

4743 U.S. 19 • COMMUNITY PLAZA • NEW PORT RICHEY, FL 34652
(813) 845-4166 • FAX (813) 841-7450