

W: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90043 002 ***150.00

DOCUMENT # P96000018204

1. Corporation Name A CENTRAL TRANSPORTATION, INC.

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

Mailing Address 6336 GARVEY DRIVE NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

28 Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

DESOSA, JUAN 6336 GARVEY DRIVE NEW PORT RICHEY FL 34652

81 Name

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

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FFI 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 the current year Intangible Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-St-Zip, and a Delete checkbox. Contains entries for DESOSA, JUAN and DESOSA, SANDRA.

Table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes. Contains empty rows for additional officers/directors.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(6), 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, with all other like empowered.

SIGNATURE: [Handwritten Signature]

4-8-99 727-847-5720

CR2E034 (1/198)