

FILE NOW: 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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90094 040 ***158.75

DOCUMENT # 312238

1. Corporation Name
D & K TRANSPORT, INC.

Principal Place of Business
15515 US 301
DADE CITY FL 33525
US

Mailing Address
P.O. BOX 186
DADE CITY FL 33526-0186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1966

4. FEI Number
59-1202794

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 15515 U. S. 301
Suite, Apt. #, etc.

2a. Mailing Address
26 P O BOX 189
Suite, Apt. #, etc.

22 City & State
23 DADE CITY FL

27 City & State
28 DADE CITY FL

24 Zip 33523-2410 25 Country USA

29 Zip 33526-0189 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLER, CHARLES D.
37927 LIVE OAK AVE
DADE CITY FL 33525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SURRATT, BILL M. J
STREET ADDRESS 15515 US 301
CITY-ST-ZIP DADE CITY FL

1.1 TITLE
1.2 NAME SURRATT, BILL M., JR.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME LINDSAY, KENNETH W JR
STREET ADDRESS 15515 US 301
CITY-ST-ZIP DADE CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE AS/D
3.2 NAME SURRATT, ANITA GAIL
3.3 STREET ADDRESS 15515 U. S. 301
3.4 CITY-ST-ZIP DADE CITY FL 33523-2410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. M. SURRATT, JR. PRESIDENT 3/26/99 352 567-5161

Date

Daytime Phone #

0380168

CR2E034 (11/98)