Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 019 \*\*\*150.00

## 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

## DOCUMENT # 408786

1. Corporation Name					- 1					
S & R-TRANSPORT, INC.					ļ					
w was a second was a second						A SMAARA AADAA MDARA SMAAA AMAAA AMAA AASA AA			DI 81811 1881	
Principal Place	of Business	Mailing Address	ng Address			) (92)1f Bibit 80401 (8)1f )6491 (81]8 61ff Bi		, <b>418</b> 11 <b>4</b> 11	-:- <b>419</b> (f <b>118)</b>	
122 E. TILLMAN AVE. 122 E. TILLMAN AVE.					1					
P. O. DRAWER 840 P. O. DRAWER 840					ŀ	SO MOT MOTE IN		_		
LAKE WALES FL 33859-7840 LAKE WALES FL 33859-7840				DO NOT WRITE IN THIS SPACE						
					3.	Date Incorporated or Qualifed				
1						09/14/1972				
2. Principal Pt	ace of Business	2a. Mailing Address			4.	. FEI Number		-	lied For	
21		26				<u>59-1441077</u>			Applicable	
Suite, Apt.	#, etc:	Suite, Apt. #, etc.			5	Certificate of Status Desired			dditional	
22		27			1	Octimosity of States Seemed	F	ee Rec	uired	
City & State	9	City & State			6.	. Election Campaign Financing	\$!	5.00 N	Лау Ве	
23	28					Trust Fund Contribution	A	dded to	Fees	
Zip				,	8.	. This corporation owes the current yea	r Intangible			
24						Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent					10.	10. Name and Address of New Registered Agent				
81 Nam										
JOHNSON RONALD C				Circot Adi	denna (F	B.O. Bey Number is Not Assentable)	_			
122 E TILLMAN AVE				Street Add	oress (r	P.O. Box Number is Not Acceptable)				
LAKE WALES FL 33853				<del>                                     </del>		·	-			
· ·										
				City		FL 85 Zip Code				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					rporatio	on submits this statement for the purpos	e of chang	ing its r	egistered	
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.									istered	
SIGNATURE	Signature, typed or printed name of registered agent									
	gistered Ager	nt signature requi				FOTOE	20 IN 12			
12.	OTT TOETTO PATE BITTED TO							hange	Addition	
TITLE	T	☐ DELETE	1.1 TITLE				니니	nange	□ Madition	
NAME		MCCOLLUM, R. CARL		1						
STREET ADDRESS	ETADORESS 726 WILDABON AVE.		1.3 STREET ADDRESS							
CITY-ST-ZIP	LAKE WALES FL			T-ZIP						
TITLE	PD	☐ DELETE	2.1 TITLE					hange	☐ Addition	
NAME	JAHNA, JAMES A	22		2.2 NAME					!	
STREET ADDRESS	122 E TILLMAN AVE	TILLMAN AVE		2.3 STREET ADDRESS		•				
CITY-ST-ZIP	LAKE WALES FL	•	2. 4 CITY-5	ST-ZIP						
TITLE	STD	☐ DELETE	3.1 TITLE					hange	Addition	
NAME	JOHNSON, RONALD C		3.2 NAME	1					,	
STREET ADDRESS	122 E TILLMAN AVE.			TADDRESS						
١ ١	LAKE WALES FL		3.4. CITY-5							
CITY-ST-ZIP			4.1 TITLE	21-2IF				hange	☐ Addition	
TITLE			4.1 MLE 4.2 NAME					J.		
NAME	JAHNA, EMIL R									
STREET ADDRESS	122 E TILLMAN AVE	'	-	TADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-S	T-ZIP						

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 changes, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-2IP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

941-676-9431

Change

☐ Change

☐ Addition

☐ Addition