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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 679588 INTRASTATE CARRIERS, INC.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90076 012 ***150.00



Principal Place of Business Mailing Address								1 100110 BILLI 10010 TBIB) BEIDI 1	6180 1841 BINII N	1913 918)1 91	1211 1111	1 91911 1991	
2015 SILVER STAR RD. ORLANDO FL 32804 US			1314 W. NEW HAMPSHIRE STREET ORLANDO FL 32804 US					DO NOT WR	ITE IN THIS	SPACE			
00						3. Date Incorporated or Qualifed							
							[07/24/1980					
Principal Place of Business 2a. Mailing Address					<u> </u>			4, FEI Number			Applied For		
2126								<u>59-2994405</u>		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired				ditional	
22 27				<u></u>	_ <u></u>			5. Certificate of Status Desired Fee Required					
City & State City & State				ate				6. Election Campaign Financing			00 м		
28 28								Trust Fund Contribution Added to Fees					
Zip					8. This corporation owes the c				rent year Int	angible Yes	_]No	
24	25 29 30			30				Personal Property Tax.	Desistered	<u> </u>		1140	
ļ	9. Name and Address of Curre	nt Regis	tered Agent		81	Name		10. Name and Address of New	Kegistereu	Ayem			
FEIG	HT GARY			1	ا''	Name							
FEIGHT, GARY 1314 W. NEW HAMPSHIRE ST.					82	Street A	t Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32804					83				*-				
	ANDO I E OZOUT			Ì	83	}							
1				İ	84	City			E1	85	Zip Co	de	
						<u> </u>			FL		· ·	diatoro d	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florid	ia. Such change was a	utnorizea	DV.	the corbo	corpora oration	ation submits this statement for the s board of directors. I hereby acce	purpose of	intment a	s regis	stered	
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flo	rida Statu	tes.	•		·					
SIGNATURE								_				{	
	Signature, typed or printed name of registered age		17	Registered	Agen	it signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO O	DATE	ID DIPE	CTOR	S IN 12	
12.								ADDITIONS/CHANGES TO CI	TICENO A	Char		Addition	
TITLE			OCCE.C	1.1 TIT 1.2 NA		İ	1						
NAME	FEIGHT, LINDA 1314 W NEW HAMPSHIRE ST					* *******							
STREET ADDRESS	——————————————————————————————————————					r address							
CITY-ST-ZIP	ORLANDO FL		☐ DELETE	1.4 CIT 2.1 TIT		1-ZIP	 	 -		□ Char	nge	Addition	
TITLE	VS FEICHT LINDA		C OFFEIG	1							•	_	
NAME	Feight, Linda 1314 W. New Hampshire St			2.2 NA									
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NAME	1			0.2 IVA	WIL.		1						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

1-407-291-1356