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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90115 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 857653

1. Corporation Name

REDLAND TRANSPORTATION, INC.

Principal Place of Business

**940 GOLF HOUSE ROAD
SUITE C
240NEY CREEK NC 27377
US**

Mailing Address

**C/O CORPORATE TAXES
222 S. 15TH ST. SUITE 600 NORTH
OMAHA NE 68102-1628**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1983

4. FEI Number

56-137777

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

2. Principal Place of Business

21 940 Golf House Road West

Suite, Apt. #, etc.

22 Suite C

City & State

23 Stoney Creek, NC

Zip

24 27377

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 **CPCD** ☐ DELETE
NAME **COON, KENNETH**
STREET ADDRESS **222 SOUTH 15TH STREET, SUITE 600 NORTH**
CITY-ST-ZIP **OMAHA NE 68102**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **RIERSON, ALLEN H**
STREET ADDRESS **940 GOLF HOUSE ROAD, SUITE C**
CITY-ST-ZIP **STONEY CREEK NC 27377**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **John P. Nelson**
2.3 STREET ADDRESS **222 South 15th Street, Suite 600 North**
2.4 CITY-ST-ZIP **Omaha, Nebraska 68102-1628**

TITLE **SD** ☐ DELETE
NAME **KNOLLA, PETER**
STREET ADDRESS **222 SOUTH 15TH STREET SUITE 600 NORTH**
CITY-ST-ZIP **OMAHA NE 68102**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MACE, GEORGIA**
STREET ADDRESS **222 SOUTH 15TH STREET, SUITE 600 NORTH**
CITY-ST-ZIP **OMAHA NE 68102**

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

TITLE **D** ☒ DELETE
NAME **DAVIS, DONNA**
STREET ADDRESS **143 SOUTH 13TH STREET, SUITE 400**
CITY-ST-ZIP **LINCOLN NE 68508**

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

TITLE **D** ☐ DELETE
NAME **GERBER, WILLIAM**
STREET ADDRESS **222 SOUTH 15TH STREET SUITE 600 NORTH**
CITY-ST-ZIP **OMAHA NE 68102**

6.1 TITLE ☐ Change ☐ Addition
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.

Georgia Mace

Treasurer

2/4/99

402-344-8800

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)