

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

0000000000 F92714 1. Entity Name GENERAL TRANSPORT, INC.	
---	---

Principal Place of Business 1313 HAINES STREET JACKSONVILLE, FL 32206	Mailing Address 1313 HAINES STREET JACKSONVILLE, FL 32206
---	---



01052004 00000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233151	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent FLAMM, MARTIN A 13746 MARSH HARBOUR DR N. JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 000000 0000000000
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAMM, SUZANNE M 13746 MARSH HARBOUR DR N. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAMM, MARTIN A 13746 MARSH HARBOUR DR N. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000019389
01/29/04-80025-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin A. Flamm, MARTIN A. FLAMM Pres. 1/26/04 904-356-2874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #