

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90054 001 ***150.00

DOCUMENT # F95000001171

Corporation Name
VOYAGER TRANSPORT, INC.

Principal Place of Business
SANDLAKE RD
ORLANDO FL 32809

Mailing Address
PO BOX 620876
ORLANDO FL 32862-876
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1995	
4. FEI Number 76-0191271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PHIPPS, TERRY 2466 SAND LAKE RD ORLANDO FL 32809	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
1. TITLE	P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	PHIPPS, TERRY		1.1 TITLE		
3. STREET ADDRESS	8348 DIAMOND COVE CIR		1.2 NAME		
4. CITY-ST-ZIP	ORLANDO FL 32836		1.3 STREET ADDRESS		
5. TITLE	S	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
6. NAME	PHIPPS, LORETTA		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. STREET ADDRESS	8348 DIAMOND COVE CIR		2.2 NAME		
8. CITY-ST-ZIP	ORLANDO FL 32836		2.3 STREET ADDRESS		
9. TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
10. NAME			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. STREET ADDRESS			3.2 NAME		
12. CITY-ST-ZIP			3.3 STREET ADDRESS		
13. TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
14. NAME			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15. STREET ADDRESS			4.2 NAME		
16. CITY-ST-ZIP			4.3 STREET ADDRESS		
17. TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
18. NAME			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19. STREET ADDRESS			5.2 NAME		
20. CITY-ST-ZIP			5.3 STREET ADDRESS		
21. TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
22. NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23. STREET ADDRESS			6.2 NAME		
24. CITY-ST-ZIP			6.3 STREET ADDRESS		
25. TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
26. NAME					
27. STREET ADDRESS					
28. CITY-ST-ZIP					

4. 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: Terry Phipps 2/2/99 407-859-0716

CR2E034 (11/98)