

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90163 015 \*\*\*150.00

DOCUMENT # F96000004129

1. Corporation Name

DEDICATED TRANSPORTATION SERVICES, INC.

Principal Place of Business

1913 E 17TH ST #115  
STE 213  
SANTA ANA CA 92705  
US

Mailing Address

1913 E 17TH ST #115  
STE 213  
SANTA ANA CA 92705  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

33-0477652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1913 E. 17TH STREET

Suite, Apt. #, etc.

22 213

City & State

23 SANTA ANA CA

Zip

24 92705

Country

25 US

2a. Mailing Address

26 1913 E. 17TH STREET

Suite, Apt. #, etc.

27 213

City & State

28 SANTA ANA CA

Zip

29 92705

Country

30 US

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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

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

TITLE CPT ☐ DELETE

NAME SERRA, ROBERT

STREET ADDRESS 1913 E. 17TH ST., STE. 115

CITY-ST-ZIP SANTA ANA CA 92705

TITLE CV ☐ DELETE

NAME KAPPER, MARK

STREET ADDRESS 12955 SOUTH CHADRON

CITY-ST-ZIP HAWTHORNE CA

TITLE S ☐ DELETE

NAME MARTIN, SUSAN

STREET ADDRESS 1913 E. 17TH ST. #115

CITY-ST-ZIP SANTA ANA CA 92705

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SERRA

Date

Daytime Phone #

4/30/99 (714) 541-0650

CR2E034 (11/98)

0594800