

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 90019 040 ***150.00

DOCUMENT # F97000003533

1. Corporation Name

IMOKOLEE TRANSPORT, INC.

Principal Place of Business

2325 ULMERTON RD., STE. 16
CLEARWATER FL 33762

Mailing Address

2325 ULMERTON RD., STE. 16
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

52-2021163

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 3051 Tech Drive

2a. Mailing Address

26 3051 Tech Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg FL

Zip

33716

Country

25 USA

Zip

29 33716

Country

30 USA

9. Name and Address of Current Registered Agent

DUPONT, THOMAS L
2325 ULMERTON RD., STE. 16
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3051 Tech Drive

83

84

City St. Petersburg

FL

85 Zip Code

33716

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 PCAS
NAME DUPONT, THOMAS L
STREET ADDRESS 2325 ULMERTON RD., STE. 16
CITY-ST-ZIP CLEARWATER FL 33762

☐ DELETE

TITLE TCV
NAME CHAPMAN, STEVEN B
STREET ADDRESS 2325 ULMERTON RD., STE. 16
CITY-ST-ZIP CLEARWATER FL 33762

☐ DELETE

TITLE SD
NAME KENNEDY, ERIC V
STREET ADDRESS 2325 ULMERTON RD., STE. 16
CITY-ST-ZIP CLEARWATER FL 33762

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
dupont Thomas L
3051 Tech Drive
St. Petersburg, FL 33716

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VTD
Chapman, Steven B.
3051 Tech Drive
St. Petersburg, FL 33716

☒ Change ☐ Addition

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

SD
Kennedy, ERIC V
3051 Tech Drive
St. Petersburg, FL 33716

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0411886