

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90065 018 ***150.00

DOCUMENT # F98000002677

1. Corporation Name
TBI CARGO, INC.

Principal Place of Business
**TWO RED CLEVELAND BLVD STE 209
SANFORD FL 32773**

Mailing Address
**TWO RED CLEVELAND BLVD STE 209
SANFORD FL 32773**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number
59-3504189

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **3015 Carrier Avenue**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Sanford, Florida**

28

Zip

Country

Zip

Country

24 **32773**

25

U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, KEITH
TWO RED CLEVELAND BLVD., STE 210
SANFORD FL 32773**

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 **PCD** ☐ DELETE
NAME **WARRINER, MAX**
STREET ADDRESS **3015 CARRIER AVENUE**
CITY-ST-ZIP **SANFORD FL**

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

TITLE **VD** ☐ DELETE
NAME **WHITE, TRACEY**
STREET ADDRESS **3015 CARRIER AVENUE**
CITY-ST-ZIP **SANFORD FL**

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

TITLE **SD** ☐ DELETE
NAME **ROBINSON, KEITH**
STREET ADDRESS **TWO RED CLEVELAND BLVD., #210**
CITY-ST-ZIP **SANFORD FL**

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

TITLE **D** ☐ DELETE
NAME **BROOKS, KEITH**
STREET ADDRESS **159 NEW BOND STREET**
CITY-ST-ZIP **LONDON ENGLAND**

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

TITLE **D** ☐ DELETE
NAME **PRICE, CAROLINE**
STREET ADDRESS **159 NEW BOND STREET**
CITY-ST-ZIP **LONDON ENGLAND**

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

TITLE **D** ☐ DELETE
NAME **STEELE, TERRY**
STREET ADDRESS **159 NEW BOND STREET**
CITY-ST-ZIP **LONDON ENGLAND**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

007565