

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90003 008 \*\*\*150.00

**DOCUMENT # F98000003332**

1. Corporation Name

**ACCURATE TRANSPORTATION SERVICES, INC.**

Principal Place of Business

**218 DALTON DR.  
KISSIMMEE FL 34758**

Mailing Address

**218 DALTON DR.  
KISSIMMEE FL 34758**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/12/1998**

4. FEI Number

**52-1914030**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

**MARTIN, WENDELL  
218 DALTON DR.  
KISSIMMEE FL 34758**

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 **PS** ☐ DELETE

NAME **MARTIN, WENDELL**

STREET ADDRESS **218 DALTON DR.**

CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **VT** ☐ DELETE

NAME **MARTIN, MARY**

STREET ADDRESS **218 DALTON DR.**

CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

*Mary Martin* 7/1/99 407-944-9491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

F98000003332  
588524-90003-8

**ACCURATE TRANSPORTATION SERVICES, INC.**

P.O. BOX 421120  
Kissimmee, FL 34742-1120  
Telephone: (407) 944-0094  
est. 1989

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July 1, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Accurate Transportation Services, Inc.  
FEI Number: 52-1914030  
Document No.: F98000003332

To Whom It May Concern:

On July 1, 1999 we received a 2nd Notice for the 1999 Profit Corporation Annual Report. We filed this return on January 22, 1999. As you can see from the enclosed attachment, we received this Report from our accountant and sent it along with a check for \$150.00 on January 22, 1999. This check has yet to clear our account.

I called (850) 488-9000, they told me to call 850-487-6059, option 2, which I did. They told me to sign the form again, send a check for \$150.00 with a letter explaining that we have already filed this return.

If you have any questions, or need additional information, please do not hesitate to contact us at 407-944-0094.

Very truly yours,



Mary Martin, Vice President

enclosures