FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **COGGINS TRANSPORTATION CORP.** (4)

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

OKAHUMPKA FL 34762		P.O. BOX 55 OKAHUMKA FL 34762	P.O. BOX 55 OKAHUMKA FL 34762			
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
					10/11/1982	
-	lace of Business	2a. Mailing Address	⊢		4. FEI Number	Applied For
21	# · · · ·	26			59-2262773	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the co	rrent year Intangible
24	25		30			Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	NHOFS, DAN		81	Name		
4	NHWAY 33 SOUTH AHUMPKA FL 34762		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
00	ATUMPNA FL 34/02		63	 		
			0.5	ļ		
			84	***	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the perporations board of directors. I hereby accept the appointment as registered agent. From familiar with, and accept the obligations of, Section 697.0505, Florida Statutes.						
SIGNATURE	DANIEL DENHO	>+ V.P.		ر ک	4 10	
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS (NOTE	Hegislered Age	iuper erutangız Ine	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10
TITLE	P	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	RAKESTRAW, HARRIS	_	1,2 NAME			
STREET ADDRESS	HIGHWAY 33 SOUTH		1.3 STREET	ADDRESS		
CITY-ST-ZIP	OKALINADKA SI 24702		1.4 CITY - 5			
TITLE	D	DELETE	2.1 TITLE			Change Addition
HAME	GAINEY, HARVEY N		2.2 NAME			
STREET ADDRESS	6000 CLAY AVENUE, S.W.	•	2.3 STREET	ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI		2.4 CITY-ST-ZIP			
TITLE	OST DELETE 3.1 T		3.1 TITLE			Change Addition
NAME	OSTERHOUSE, CARL N		3.2 NAME			
STREET ADDRESS	6000 CLAY AVENUE, S.W.		3 3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	-		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		☐ DELETE	4.4 CITY - S	T-ZIP		
TITLE		☐ pece ¢	5.1 TITLE			Change Addition
STREET ADDRESS			5 2 NAME			
CITY-ST-ZIP			5.3 STREET	, i		
TITLE		☐ DELETE	5.4 CITY - S 6.1 TITLE	1 - 2017		☐ Change ☐ Addition
NAME		- version	6.2 NAME			The Annual To Languight
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY:ST-ZIP			6.4 CITY - S			

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 of the recoiver 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 changes or an attachment with an address.

SIGNATURE