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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # H42594 FRANSPORT COMPANY	(2)				
Principal Plac	e of Business	Mailing Address			I IMBIDII OLII BIDID IEBDI BIIID IBIII BEDI DIBII DIB	/[1 B1B17 B1B17 B1B17 B1B14 1BB1
2001 MT HOMER RD		2001 MT HOMER RD				
PO BOX 1085		PO BOX 1065		DO NOT WRITE IN THIS	2 00400	
EUSTIS FL 32727-8065		EUSTIS FL 32727-8065		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					02/13/1985	
2. Principal P	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21	26	9 · · · · · · · · · · · ·		59-2522543	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.		1	\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required
City & State	9	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	
24	25 29 30		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	I Agent
CO	X, CHRISTOPHER P.		61	Name		
200		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
EU:	STIS FL 32726			Ciroti riac		
			83			
			84	City		85 Zip Code
					FI	<u>L</u> '`
agent. I a SIGNATURE	m tamiliar with, and accept the obligat	and title stappik able (NO	Orida Statutes	S.	poration submits this statement for the purpose alion's board of directors. I hereby accept the approach when reinstains) DATE	
TITLE	OFFICERS AND DIRECTORS D DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME	LEWIS, DWIGHT D.		1.1 TITLE 1.2 NAME			☐ Cligatific ☐ Ministral
STREET ADDRESS	2001 MT HOMER RD, #1065		1.3 STREET ADDRESS			•
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-\$T-ZIP			
TITLE			2.1 TITLE	01 - ZIP		Change Addition
NAME	COX, CHRISTOPHER P.		2 2 NAME			
STREET ADDRESS	2001 MT HOMER RD, #1065		2 3 STREET	ADDRESS		
CITY-ST-ZIP	EUSTIS FL		2 4 CiTY-5			
TITLE			31 TITLE			Change Addition
NAME	. 3:		. 32 NAME			
STREET ADDRESS	5		3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			Change Addition
NAME			. 4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP				7 - 7IP		
THTLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		Change Addition
TITLE			6.1 TITLE			Change Addition
NAME .			6.2 NAME	1000000		
STREET ADDRESS	•		6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	I-ZIP		

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 13 if changed, or on an attachment with an address.

FILED

Feb 16 1998 8:00am

Secretary of State