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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J01658

APPLE TRANSPORTATION, INC.

Principal Place of Business Mailing Address							BENET MINEL NINIT 100)	
15501-6 MCGREGOR BLVD.			EDWARD DALLAS					
STE 6 17274 SAN CARLOS BLV FT MYERS FL 33908 FT MYERS BEACH FL 33					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
						02/28/1986		
2. Principal Pl	ace of Business	2a. Ma	ailing Address			4. FEI Number	Applied For	
21		26				65-0491697	Not Applicable	
Suite, Apt.	#, etc.	├ ─┐	iite, Apt. #, etc.			E Codificate of Status Desired	75 Additional e	
22		27						
City & State		\vdash	City & State				.00 May Be	
Zip Country			Zip Country			This corporation owes the current year Intangible		
24	25	29		30		Personal Property Tax.	□No _	
	9. Name and Address of Curre		ed Agent			10. Name and Address of New Registered Agent		
544	AO FOWADD			81	Name	e		
DALLAS, EDWARD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	'4 SAN CARLOS BLVD. MYERS BEACH FL 33931							
F1. 7	MIENO DEMONIFIE 33931			83				
				84	City	FL 85	Zip Code	
	007.05	00 1 007	4500 Flada State	itos the show	namad	ad corporation submits this statement for the purpose of changing	a its registered	
office or r	enistered agent, or both, in the State	e of Florida. ∃	Such change was	authorized by	tne corp	rporation's board of directors. I hereby accept the appointment	as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Se	ection 607.0505, F	lorida Statutes				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apr	plicable. (NO	TE: Registered Ager	it signature	re required when reinstating) DATE		
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI		
TITLE	PST		☐ DELETE	1.1 TITLE		Ch	ange 🗌 Addition	
NAME	Poelker, John J. Jr.			1.2 NAME				
STREET ADDRESS	16081-2 AMBERWOOD COUR	it, unit d-	2	1.3 STREET	ADDRESS	ss .		
CITY-ST-ZIP	FT MYERS FL 33908			1.4 CITY-ST	T-ZIP	По-	ngo 🗆 Addition	
TITLE	1		☐ DELETE	2.1 TITLE		Ch	ange	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET		SS .		
CITY-ST-ZIP			[] DELETE	2. 4 CITY- S 3.1 T/LE	ST-ZIP	Ch	ange Addition	
TITLE				3.1 MILE				
NAME				3.3 STREET	r ANNDESS			
STREET ADDRESS				3.4. CITY-S		33		
CITY-ST-ZIP			☐ DELETE	4.1 TITLE	11- AF	Ch	ange Addition	
NAME				4. 2 NAME	~	· · · · · · · · · · · · · · · · · · ·	 ,	
STREET ADORESS				4.3 STREET	TADORESS	ss		
City-St-Zip				4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE		□ Ch	ange	
NAME				5.2 NAME		ss .		
STREET ADDRESS				5.3 STREET		\$\$ 《新聞歌》 "最豐田" 医性肾炎 电电子电流 "一		
CITY-ST-ZIP						Į.		
TITLE				5.4 CITY+S	T-ZIP			
1		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE	T-ZIP	□ Ch	ange Addition	
NAME			☐ DELETE	6.1 TITLE 6.2 NAME	T-ZIP		ange 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 expowered 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.

6.4 CITY+\$T+ZIP

SIGNATURE:

CITY-ST-ZIP