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PROFIT CÖRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 J01658 DOCUMENT # APPLE TRANSPORTATION, INC Principal Place of Business Mailing Address Edward DALLAS 15501-6 Mc GREGOR BLUD 17274 SAN CARLOS BRUD STE 202 DO NOT WRITE IN THIS SPACE 5TE 6 FT. MYERS, FL 33931 FT. MYBRA FL 33908 3. Date Incorporated or Qualified 02/28/1986 Applied For 2. Principal Place of Business 2a. Mailing Address NOT APPLICABLE Not Applicable 26 21 \$8:75 Additional Suite-Apt-#-etc:--Suite, Apt. #, etc.~ 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Country Zip Country Zip Yes Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EDWARD DALLAS 17274 SAN CARLOS BLVd Street Address (P.O. Box Number is Not Acceptable) FT. MYERS BEACH, FL 33931 83 Zip Code 84 City 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 607.050s, Florida Statutes.

SIGNATURE

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ■ DELETE 1.1 TITLE TITLE 12 NAME NAME POELKER, JOHN J.JR. 1.3 STREET ADDRESS STREET ADDRESS 16081-2 AMBERWOOD COURT 1.4 Crty-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TiTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 800002615748 6.2 NAME NAME -08/14/98--01005--009 6.3 STREET ADDRESS STREET ADDRESS ***550.00 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10 -98 Date

Daytime Phone #

FILED

Aug 13, 1998 8:00 am Secretary of State