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

Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # SPACE COAST TRANSPORT, INC. Principal Place of Business Mailing Address 4155 DOW ROAD 3215 FELL RD UNIT X W MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32904 3. Date incorporated or Qualified 04/01/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Fell es 3215 26 59-2765284 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 W. Melbourne Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible US 32904 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEENEY, PAUL F **3215 FELL RD B2** Street Address (P.O. Box Number is Not Acceptable) **WEST MELBOURNE FL 32904** 83 84 City 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. (NOTE: Resistered Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KEENEY, PAUL F., JR. NAME 1.2 NAME 2E034 3215 FELL RD STREET ADDRESS 1.3 STREET ADDRESS WEST MELBOURNE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 THILE ☐ Change Addition TITLE KEENEY, TERESA DAWN NAME 2.2 NAME **3215 FELL RD** STREET ADDRESS 2.3 STREET ADDRESS WEST MELBOURNE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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.

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