

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

APPROVED AND FILED *g. 1082*

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *J60906*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**ANDERSON TRANSPORTATION SERVICES, INC.**

Principal Place of Business <b>9624 NORCHESTER CIRCLE TAMPA, FLORIDA 33647</b>	Mailing Address <b>9624 NORCHESTER CIRCLE TAMPA, FLORIDA 33647</b>
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3. Date Incorporated or Qualified <b>AUGUST 31, 1987</b>	3a. Date of Last Report <b>1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-2817330</b> Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country		30 Country	

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RONALD J. MOOS & MADELINE J. MOOS  
8801 HUNTER'S LAKE DRIVE #533  
TAMPA, FLORIDA 33647**

81 Name <b>KATHRYN M. REED</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9624 NORCHESTER CIRCLE</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33647</b>

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.

SIGNATURE *Madeline Moos* DATE **7/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RONALD J. MOOS 8801 HUNTER'S LAKE DRIVE #533 TAMPA, FLORIDA 33647</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT KATHRYN M. REED 9624 NORCHESTER CIRCLE, TAMPA, FLORIDA 33647</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>400002236614--6 -07/11/97--01123--019 ****165.00 ****165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Madeline Moos* DATE **7/7/97** **813-486-9500**

CR2E034 (9/96)

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## Anderson Transportation Svcs. Inc.

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Kathryn M. Reed  
President  
17812 St. Lucia Isle  
Tampa, Florida 33647

Telephone (813)986-9500  
Fax (813)986-0531

July 7, 1997

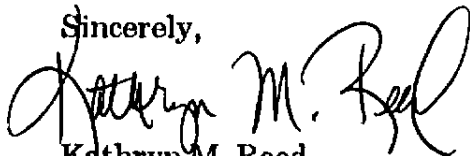
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

We are notifying you that we did not receive the "Profit Corporation Annual Report" renewal form for 1997. We believe that it did not get forwarded after our last relocation. We are enclosing a check for \$165.00 .

If you have any questions please call us at the number listed above.

Sincerely,

  
Kathryn M. Reed  
President