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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K21890

EAGLE TRANSIT, INC.

85932 OVERSEA	AS HWY	85932 OVERSEAS HWY			·			•
P O BOX 1157		P O BOX 1157			DO NOT WRITE IN THIS SPACE			
ISLAMORADA F	L 33036	ISLAMORADA FL 33036			3. Date Incorporated or Qualifed			
		·			04/18/1988		<u> </u>	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		⊢	plied For
21		26			65-0056819			t Applicable
Suite, Apt:	#; etc.	Suite, Apt. #, etc.	÷		5. Certificate of Status Desired		\$8.75 / Fee Re	. ,
22 City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution		Added	
Zip	Country	Zip	Count	гу	8. This corporation owes the curr	ent year Inta	ngible	
24	25	29	0		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	legistered /	Agent	
-		4.70	8	1 Name				
WRIGHT, KENNETH R				2 Street Ac	Idress (P.O. Box Number is Not Accept	able)	·	
	32 OVERSEAS HWY			2 Succession	Section 10 the recognition of the section of the se			
ISLA	MORADA FL 33036		Ĩ.	3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		S 2	
	· ·		L	4 02		1	85 Zip	Code
		•	٥	4 City		FL	63 Zip	Code
.11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named co	proporation submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	nonzea c	ov the corbora	ation's board of directors. I hereby accep	ot the appoir	ntment as re	gistered
agent. i a	m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	ia Statut					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent signature requ	uired when reinstating) 💡 - S	DATE		 ,
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	DRS IN 12
TITLE	PM :	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	WRIGHT, KENNETH R		1.2 NAM	E				
STREET ADDRESS	ACOMA OUTTOCEAC LINEV. 40	•	1.3 STR	ET ADDRESS	No.			
	ISLAMORADA FL		1.4 CITY					
TITLE	VD	☐ DELETE	2,1 TITLE				Change	Addition
NAME	OCKERLUND, LORALEE	•	2.2 NAM	E I				
	ATTACE OF DIRECT MADE		23 STR	ET ADDRESS			•	
STREET ADDRESS	ISLAMORADA FL		I .	-ST-ZIP	in a second		.`	
TITLE	VD	☐ DELETE	3.1 TITLE				Change	Addition
	HRUSKA, MARK	_	3.2 NAM					
NAME	21 SOUTH EAST 5TH ST.			ET ADDRESS		,	,	* * ** **
STREET ADDRESS	BOCA RATON FL			-ST-ZIP	,			
CITY-ST-ZIP	VD	☐ DELETE	4.1 TITL				Change	Addition
TITLE	TEAGUE, GLORIA J		4. 2 NAN	Ì				
NAME	LABORE OVERDOCKOE LUCKUNIAN			ET ADDRESS		,		
STREET ADDRESS	KEY LARGO FL		4.4 CITY			٠.	•	•
CITY-ST-ZIP TITLE	TD TD	☐ DELETÉ	5.1 TITL		**************************************		Change	Addition
	LOCKWOOD, MALCOLM		5.2 NAM			,	-	
NAME	85932 OVERSEAS HWY, #5			EET ADDRESS				
STREET ADDRESS	ISLAMORADA FL			-ST-ZIP				
CITY-ST-ZIP	SD	☐ DELETE	6.1 TITL				☐ Change	Addition
TITLE	1 77	<u></u>	6.2 NAM	E			_	
NAME	MACDONALD, PAUL			EET ADDRESS				
STREET ADDRESS		•	6.4 CITY	ŀ				
CITY-ST-ZIP	ISLAMORADA FL	h this filling does not qualify for		ution stated i	n Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the	information
indicated	on this annual report or supplemental	annual report is true and accura	ate and t	nat my signat	ure shall have the same legal effect as	f made unde	er oath; that	laman
officer or Block 12	or Block 13 if changed, or on an attack	ver or trustee empowered to ex- ment with an address, with all	ecute this other like	empowered.	ure shall have the same legal effect as quired by Chapter 607, Florida Statutes	, and that III	y name app	odia III
	7/9	1		-		/ 1		

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90034 029 ***150.00

