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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57217

(7)

1. Corporation Name

A.B.M. TRANSPORTATION SERVICES, INC.

Principal Place of Business

6414 LAKE WORTH RD.
SUITE 611
LAKE WORTH FL 33463

Mailing Address

6414 LAKE WORTH RD.
SUITE 611
LAKE WORTH FL 33463-3008



2. Principal Place of Business

21 301 ANDOVER CT.

Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH FL

Zip

24 33462

Country

25 Palm Bch

2a. Mailing Address

26 713 PLAZA CHATEAU

Suite, Apt. #, etc.

City & State

28 DELRAY BEACH FL

Zip

29 33445

Country

30 Palm Beach

3. Date Incorporated or Qualified

01/11/1989

3a. Date of Last Report

05/09/1996

4. FEI Number

65-0103569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MULLEN, HENRY
6414 LAKE WORTH ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

301 ANDOVER CT.

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33462

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVT ☐ DELETE
NAME MULLEN, HENRY
STREET ADDRESS 6414 LAKE WORTH ROAD
CITY - ST - ZIP LAKE WORTH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 301 ANDOVER CT.
1.4 CITY - ST - ZIP BOYNTON BEACH FL 33462

2.1 TITLE DST ☐ Change ☒ Addition
2.2 NAME STEVE THORP
2.3 STREET ADDRESS 713 PLAZA CHATEAU
2.4 CITY - ST - ZIP DELRAY BEACH FL 33445

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

Henry Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-497 66101

CR2E034 (9/96)