

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91674

1. Corporation Name

PHOENIX TRANSPORT & SERVICES, INC.

Principal Place of Business

9661 BOYCE AVE
ORLANDO FL 32824
US

Mailing Address

PO BOX 620846
ORLANDO FL 32862-0846
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 P.O. Box 770487
Suite, Apt. #, etc.

27 City & State

28 Winter Garden, FL
Zip Country

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9. Name and Address of Current Registered Agent

AUSTIN, KATHRYN W.
1401 SPRING LOOP WAY
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified

05/31/1989

4. FEI Number

59-2960412

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

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84 City

FL

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.

SIGNATURE Austin, Kathryn W.

Signature, typed or printed name of registered agent and title if applicable.

Kathryn W. Austin

(NOTE: Registered Agent signature required when reinstating)

3-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WHITE, E. KENNETH
STREET ADDRESS 5693 DENTON CIRCLE
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE P
NAME WHITE, ANDREA H.
STREET ADDRESS 5693 DENTON CIRCLE
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE ST
NAME AUSTIN, KATHRYN W.
STREET ADDRESS 1401 SPRING LOOP WAY
CITY-ST-ZIP WINTER GARDEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME White, E. Kenneth
1.3 STREET ADDRESS 995 Tildenville School Rd.
1.4 CITY-ST-ZIP Winter Garden, FL 34787

☒ Change

☐ Addition

2.1 TITLE P
2.2 NAME White, Andrea H.
2.3 STREET ADDRESS 995 Tildenville School Rd.
2.4 CITY-ST-ZIP Winter Garden, FL 34787

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: *Andrea H. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-99

DATE

407-905-0446

Daytime Phone #

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90055 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2024 (1/98)