

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L76838** (6)

1. Corporation Name

**MCEWEN TRANSPORT, INC.**



Principal Place of Business

**9739 N.E. 16 STREET  
OKEECHOBEE FL 34974-8220**

Mailing Address

**9739 N.E. 16 STREET  
OKEECHOBEE FL 34974-8220**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**05/31/1990**

3a. Date of Last Report

**04/28/1995**

4. FET Number

**65-0201207**

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

**MORGADO, GINA MCEWEN  
9739 NE 16 ST.  
OKEECHOBEE, FL 34974**

10. Name and Address of New Registered Agent

81. Name

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

83

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

*Gina Morgado*

*GINA MORGADO*

**3-15-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D ROY, CHERI MCEWEN  
9739 N.E. 16 STREET  
OKEECHOBEE FL 34974**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change

☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Cheri McEwen Roy* - CHERI MCEWEN ROY 3-15-96 (813) 357-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)