SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

	_
(8)	

FILED

Aug 13 1998 8:00am

Secretary of State

1. Corporatio	n Name	(0)			
ANCHO	R TRANSPORTATION INC.				
,				16010011 10 110110 1001 09100 11100 1110 01011 01	ENGERGRA SERVI CHERLI CHERLECTE
Principal Place of Business Mailing Address				8H B1811 418H 518H 618H 1118H	
% WILMER F.	ARDEN	% WILMER F. ARDEN			
1546 4TH ST. SOUTH 1546 4TH ST. SOUTH					
ST. PETERSBU	IRG FL 33701	ST. PETERSBURG FL 3370	1	DO NOT WRITE IN THIS	\$ PACE
				3. Date Incorporated or Qualified	
	16	···r <u>2 </u>		07/12/1988	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
26			59-2893913	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27			8 Etastian Compoles Einspeling		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Agded to Fees
Zip	Country	Zip	Country 8. This corporation owes or has paid the current year Intengible		
24	25	29	30	1	Yes No
. - : 1	9. Name and Address of Current		7	10. Name and Address of New Registered	
ARD	EN, WILMER F		81 Name		
	8 4TH STREET SOUTH		82 Street Addre	occ (D.O. Pay Number in Not Assessable)	
	PETERSBURG FL 33701		62 Street Adore	ess (P.O. Box Number is Not Acceptable)	
• • • • • • • • • • • • • • • • • • • •			83		
					T- 1
			84 City	FI	85 Zip Code
11. Pursuan	t to the provisions of sections 607.0502	and 607.1508. Florida Statute	s, the above-named corpor		Anging its registered
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporation	ation submits this statement for the purpose of chois board of directors. I hereby accept the appoir	tment as registered
	an lamina win, and accept the obliga	stions of, section our bood, Fig	niva Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	A MARINE A SAME & APPARE DE		1.2 NAME		
STREET ADDRESS	1546 4TH ST. SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			- 1		
			6.2 NAME		
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					

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.

IGNATURE:

S13-823-58

SIGNATURE:

813-823-5893