2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90341 008 ***150.00

DOCUMENT # P00000096434

1. Entity Name
ANGUS TRANSPORT, INC

C0068543

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
960 HWY 98N FROSTPROOF, FL 33843	PO Box 578 FROSTPROOF, FL 33843

2. Principal Place of Business	3. Mailing Address
12250 NW 80th Ave	PO BOX 1297
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHIEFLAND, FL	City & State: CHIEFLAND FL
Zip: 32626 Country: US	Zip: 32644 Country: US

4. FEI Number: 59-3706106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCES R GADD 960 HWY 98 N FROSTPROOF, FL 33843	Name Street Address (P.O. Box Number is Not Acceptable): 12250 NW 80th Ave City: CHIEFLAND FL Zip Code: 32626

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARL W GADD 960 HWY 98 N FROSTPROOF, FL 33843	☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FRANCES R GADD 960 HWY 98 N FROSTPROOF, FL 33843	☐ Delete	12250 NW 80th AVE CHIEFLAND, FL 32626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	12250 NW 80th AVE CHIEFLAND, FL 32626	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances R Gadd FRANCES R GADD 863-635-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #