2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000100061 ADDISON TRANSPORT SYSTEMS, INC. Principal Place of Business Mailing Address 265 WEST BRIDGES AVE PO BOX 1643 WINTER HAVEN, FL 33882 AUBURNDALE, FL 33823 CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1281003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POBJECKY, J. DAVID DO NOT WRITE 786 AVE C SW WINTER HAVEN, FL 33880 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ADDISON, BILLY NAME STREET ADDRESS 265 WEST BRIDGES AVE AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (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 of trustee englowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/16

863-967-4500

Daytime Phone #

FILED