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

FILED Jan 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P25605 AUTO TRUCK TRANSPORT CORPORATION Principal Place of Business Mailing Address 10144 ALTA ROAD 10444 ALTA ROAD JACKSONVILLE FL 32226-2302 JACKSONVILLE FL 32226-2302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 35-1658677 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 В3 84 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition TITLE HOUSTON, ALICE NAME 1.2 NAME CR2E034 620 WEST SHIPP AVENUE, SUITE A 1.3 STREET ADDRESS STREET ADDRESS LOUISVILLE KY CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE HUMMEL, JOHN 2.2 NAME NAME 620 WEST SHIPP AVENUE, SUITE A STREET ADDRESS 2.3 STREET ADDRESS LOUISVILLE KY CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE PORTMAN, MARK 3.2 NAME NAME 4314 39TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS KENOSHA WI CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ■ Addition **GUEST, C. FOREST** 4 2 NAME NAME 620 WEST SHIPP AVENUE, SUITE A STREET ADDRESS 4.3 STREET ADDRESS LOUISVILLE KY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP □ DELETE 6.1 TITLE ☐ Change Addition TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

Mark Dortmon

1 /2 /02