Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90057 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # P37289 1. Corporation Name K & B TRANSPORT OF MICHIGAN, INC. | | | | | | | | |
|---|---|---------------------------------|------------------|-----------------|--|------------------------------------|----------------------------|---------------------------------------|
| | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | • | |)(10 1811 6 (8)1 6 (| .BIL BIBLI BIBIL BA | (231 |
| 600 N.W. 1ST AVENUE P.O. BOX 84309 | | | | | | | | |
| OCALA FL 32670 TROY MI 48099-9998 | | | | | DO NOT WE | ITE IN THE | CDACE | |
| US | | | | | DO NOT WR | | SPACE | |
| 37 . 21 | | | | | Date Incorporated or Qualified 01/28/1992 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 1 | 4. FEI Number | | <u> </u> | plied For |
| 21 26 | | | | | 38-2207532 | | | t Applicable |
| Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | | \$8.75 A Fee Red | |
| 22 Cit. 8 Ctat | | City & State | | | | | - <u></u> | · |
| City & Stat | e | — · | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 i Added to | |
| Zip | Country | | Country | , | | ront was Int | | 71 663 |
| 一 | | 29 3 | | | This corporation owes the cur Personal Property Tax. | rent year int | angible □Yes 🏅 | X No |
| 24 | 9. Name and Address of Curre | | <u> </u> | | 10. Name and Address of New | Registered | | |
| | Name and recursor or outro | m regiotored rigoni | 81 | Name | , and a second of the second o | | | • |
| HON | ian, terry | | 82 | L | | | | |
| 2012 NE 80TH PL | | | | Street A | Address (P.O. Box Number is Not Accept | able) | | |
| OCA | LA FL 32670 | | 83 | | | | | |
| | | | 84 | City | | | 85 Zip C | ode |
| | | | | ' | | FL | . | · · · · · · · · · · · · · · · · · · · |
| offico or r | agistored agent or both in the State | of Florida, Such change was aut | horized by | the corno | corporation submits this statement for the ration's board of directors. I hereby acce | ∍ purpose of of the appoi | changing its a | registered sistered |
| agent. I a | egistered agent, or both, at the State m far: "ဥာ with နှံ့နှံ့ accogn ညည့် ျှံစုံ | ation of To an 607,0505. Florid | ia Statutes | tile corpo | ration's board of directors. Thereby acce | pr the appear | July March | 2 - |
| SIGNATURE | K de la company | - | | | | 7 | | . <u>2</u> - |
| | | | | nt signature re | quired when reinstating) ADDITIONS/CHANGES TO OF | DATE | ID DIDECTO | シ DC IAI 12 |
| 12. | DVAS OFFICERS A | ND DIRECTORS | 13. 1,1 TITLE | | ADDITIONS/CHANGES TO OF | -FICERS AN | ☐ Change | Addition |
| TITLE | HOOFD WINT | | | | | | | |
| NAME | 40700 DINE CONE OT | | 1.2 NAME | | | | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | TADDRESS | • | | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | T-ZIP | | | Change | Addition |
| TITLE | | | 2.1 TITLE | l | | | ["] Citalings | |
| NAME | · · · · · · · · · · · · · · · · · · · | | 2.2 NAME | | | | | |
| STREET ADDRESS | • ==-: | | | TADDRESS | • | , _ | | |
| CITY-ST-ZIP | | | 2. 4 CITY-S | ST-ZIP | | | Change | ☐ Addition |
| TITLE | | | 3.1 TITLE | | | • | □ Citalige | |
| NAME | MCNAMEE, JAMES | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 1 | TADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-S | ST-ZIP | | | Change | ☐ Addition |
| TITLE | | □ DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | 1 | TADDRESS | | | | |
| CITY-ST-ZIP | | El perete | 4.4 CITY-S | T-ZIP | | | Change | ☐ Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | • | | ☐ Change | Addition |
| NAME | | | 52 NAME | | | | | ļ |
| STREET ADDRESS | | | 1 | TADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | | | | |

14. 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 chapted, or one attachment with an address, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

248 585-4720

Daytime Phone #

R2E034 (11/98)