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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018634

O'NEILL TRANSPORT SERVICES, INC.

711 YELVINGTON AVE

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90027 033 ***150.00

Principal Place of Business Mailing Address 711 YELVINGTON AVE CLEARWATER FL 34516 CLEARWATER FL 34516 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/08/1993 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3187692 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required: City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. MNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'NEILL, MICHAEL 711 YELVINGTON AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33756** 83 84 City 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 MICHAEL 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE TITLE ☐ DELETE 1.1 TITLE Addition O'NEILL, MICHAEL S NAME 1.2 NAME CR2E034 711 YELVINGTON AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** 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 ☐ Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE IAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS TTY-ST-ZIP 4.4 CITY-ST-ZIP TILE ☐ DELETE 51 TM F Addition ☐ Change AME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CiTY-ST-ZIP IILE ☐ DELETE 6.1 TITLE Addition AME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4. 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, with all other like empowered.

IGNATURE: HAEL S. O'NEILL 1-30-99 7274615583