

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90154 044 ***150.00

DOCUMENT # P93000039092

1. Corporation Name JOHNNY LANDIS TRANSPORT, INC.



Principal Place of Business 3219 THOROUGHbred LOOP NORTH LAKELAND FL 33811 Mailing Address 3219 THOROUGHbred LOOP NORTH LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1993 4. FEI Number 62-1565444 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt #, etc. 26 Suite, Apt #, etc. 22 City & State 27 City & State 23 Zip Country 24 Zip Country 25 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent LANDIS, MARIE 3219 THOROUGHbred LOOP NORTH LAKELAND FL 33811

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P O Box Number is Not Acceptable) 83 84 City FL 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 Marie Landis 3-15-99 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: PST LANDIS, MARIE 3219 THOROUGHbred LOOP NORTH LAKELAND FL 33811

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1-5: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Marie Landis Marie Landis 3-15-99 501-268-2119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)