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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000044334 (9)

| • | TRANSPORT, INC. | Malling Address | | | | | | |
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| 1203 LENNA AVE SEFFNER FL 33584 SEFFNER FL 33584-5139 | | | 5139 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 06/17/1993 | 3a. Date | of Last R 2/1996 | eport |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| 21 | | 26 | | | 59-3189288 | | No | t Applicable |
| Suite Apt | . #, etc. | Suite, Apt. #, etc | ;. | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional equired |
| City & Sta | te | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | 28 | | | Trust Fund Contribution | | Added | |
| Zφ | Country | Zip | Coun | try | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | 29 | 30 | | | Yes 🗌 | | |
| | 9. Name and Address of Cui | rrent Registered Agent | | Name | 10. Name and Address of New Ro | egistered Ag | ent | |
| | INT, DENNIS C | |]" | Name | | | | |
| | 03 LENNA AVE | | - [8 | Street Add | iress (P.O. Box Number is Not Accepta | ble) | | |
| SE | FFNER FL 33584 | | | 13 | | | ······································ | |
| | | | | ~ | | | | |
| | | | [8 | City | | ~ FL | 85 Zip | Code |
| 44 Downwood | to the provisions of Sections 607 | 0502 and 602 1509 Florida 6 | <u></u> | 1 | | | | s registered |
| 11. rursuam | | ubuz anu bur, ibuo, rionua b | Statutes, the abo | ove-named corp | poration submits this statement for the | purpose of ch | nanging it | |
| office or | registered agent, or both, in the S | tate of Florida, Such change of Section 607 050 | Statutes, the abo was authorized 15. Florida Statu | ove-named corpora | poration submits this statement for the ation's board of directors. I hereby acce | purpose of chept the appoin | nanging id ntment as | registered |
| | | tate of Florida. Such change bligations of, Section 607.050 | Statutes, the abo was authorized 05, Florida Statu | ove-named corpora by the corpora tes. | poration submits this statement for the ation's board of directors. I hereby acce | purpose of chept the appoir | nanging id ntment as | registered |
| office or agent. I. SIGNATURE | | | | | poration submits this statement for the ation's board of directors. I hereby acce ared when reinstating) | purpose of chept the appoin | nanging id ntment as | registered |
| SIGNATURE | Signature typeolor printed name of registere | o agent and title if applicable. AND DIRECTORS | (NOTE: Registered | Agent signature requ | | DATE CERS AND D | RECTOR | S IN 12 |
| SIGNATURE 12. THE | Signature typed or printed name of regulates OFFICERS | o agent and title if applicable. | (NOTE Registered | Agent signature requi | ired when reinstaling) | DATE CERS AND D | | |
| SIGNATURE 12. THE NAME | Signature typed or printed name of registres OFFICERS D HUNT, DENNIS C | o agent and title if applicable. AND DIRECTORS | (NOTE: Registered 13. 1.11TL 1.2 NAM | Agent signature requi | ired when reinstaling) | DATE CERS AND D | RECTOR | S IN 12 |
| SIGNATURE 12. THUE | Signature hyperfor printed name of registers: OFFICERS D HUNT, DENNIS C 1203 LENNA AVE | o agent and title if applicable. AND DIRECTORS | (NOTE: Registered 13. 1.11TL 1.2 NAM | Agent signature requi | ired when reinstaling) | DATE CERS AND D | RECTOR | S IN 12 |
| SIGNATURE 12. THLE NAME STREEL ADDRESS CITY - ST-ZIP | Signature hyperter printed name of registrate OFFICERS D HUNT, DENNIS C 1203 LENNA AVE SEFFNER FL 33584 | o agent and title if applicable. AND DIRECTORS DELET | (NOTE: Registered 13, E 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIFN | Agent signature requires E KE EET ADDRESS (-ST-ZIP | ired when reinstaling) | DATE CERS AND D | RECTOR | S IN 12 |
| SIGNATURE 12. THE NAME SIREEL ADDRESS CITY -SIZIP THRE | Signature hyperter printed name of registrate OFFICERS D HUNT, DENNIS C 1203 LENNA AVE SEFFNER FL 33584 D | o agent and title if applicable. AND DIRECTORS | (NOTE: Registered 13. E 1.1 TITE 1.2 NAM 1.3 STR 1.4 CID E 2.1 TITE | Agent signature required to the signature re | ired when reinstaling) | DATE CERS AND D | RECTOR | S IN 12 |
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| SIGNATURE 12. 1014 NAME SIREELADDRESS CITY ST-71P TITLE NAME SIREELADDRESS CITY-ST-71P | Signature hyperter printed name of registrate OFFICERS D HUNT, DENNIS C 1203 LENNA AVE SEFFNER FL 33584 D HUNT, SHARON S | o agent and title if applicable. AND DIRECTORS DELETI DELETI | (NOTE Registered 13. E 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT | Appent dignature required to the second seco | ired when reinstaling) | DATE CERS AND D C | IRECTOR Change | S IN 12 Addition |
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14. I do 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.

SIGNATURE:

AYURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

ylanka 81

810-254-YOYO

FILED

May 12 1997 8:00am

Secretary of State