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Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000044334 (9)

1. Corporation Name

HAWK TRANSPORT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1203 LENNA AVE  
SEFFNER FL 33584

1203 LENNA AVE  
SEFFNER FL 33584

2. Principal Place of Business

2a. Mailing Address

21 4514 CLEWIS AV

26 4514 CLEWIS AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Zip

Country

Country

24 33610

25 US

29 33610

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, DENNIS C  
1203 LENNA AVE  
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City TAMPA

FL

85 Zip Code 33610

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME D  
HUNT, DENNIS C  
STREET ADDRESS 1203 LENNA AVE  
CITY-ST-ZIP SEFFNER FL 33584

1.2 NAME  
1.3 STREET ADDRESS 4514 CLEWIS AV  
1.4 CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D  
HUNT, SHARON S  
STREET ADDRESS 1203 LENNA AVE  
CITY-ST-ZIP SEFFNER FL 33584

2.2 NAME  
2.3 STREET ADDRESS 4514 CLEWIS AV  
2.4 CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SHARON S HUNT 4/14/98 815-626-3404

CR2E034 (10/97)