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FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000049075 (3)

1. Corporation Name

MIDDLESEX TRANSPORT CORP.

Principal Place of Business

11540 HWY 92 E.
SEFFNER FL 33584
US

Mailing Address

11540 HWY 92 E.
SEFFNER FL 33584
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number

59-3193558

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 2000
TAMPA FL 33602-5133

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

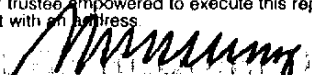
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	SEAMAN, JEFFREY	1.2 NAME	
STREET ADDRESS	11540 HWY. 92 E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	
NAME	MAGGIO, BAHAMA	2.2 NAME	
STREET ADDRESS	11540 HWY 92 E	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	
NAME	SCHWARTZ, LARRY	3.2 NAME	
STREET ADDRESS	11540 HWY 92 EAST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:



CR2E034 (10/97)