

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000051628 (4)

1. Corporation Name
H.L. ALBRITTON TRANSPORTATION MANAGEMENT INC.



Principal Place of Business
219 CRYSTAL GROVE BLVD
STE. 300
LUTZ FL 33549
US

Mailing Address
PO BOX 1387
STE. 300
LUTZ FL 33548-1387
US

3. Date Incorporated or Qualified **07/19/1993** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3191100** 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 has liability for intangible tax under s. 199.032, Florida Statutes 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 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ALBRITTON, HOWARD
219 CRYSTAL GROVE BLVD
STE. 300
LUTZ FL 33549

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

I, 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 reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ALBRITTON, HOWARD 219 CRYSTAL GROVE BLVD. LUTZ FL	<input type="checkbox"/>	1.2 NAME	
ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
V MILLER, CURTIS 219 CRYSTAL GROVE BLVD LUTZ FL	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		2.2 NAME	
P		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
S		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SS		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
a		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 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 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 is Block 12 or Block 13 if changed, or on an attachment with an address.

E: *H.L.F.* **Howard Albritton** **4-28-97** **813-948-2030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #