


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90061 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051628

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 219 CRYSTAL GROVE BLVD BOX 16 LUTZ FL 33549 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 209 CRYSTAL GROVE BLVD Suite, Apt. #, etc. 22 101 City & State 23 LUTZ, FLORIDA Zip Country 24 33549 25 USA	2a. Mailing Address 26 209 CRYSTAL GROVE BLVD Suite, Apt. #, etc. 27 101 City & State 28 LUTZ, FLORIDA Zip Country 29 33549 30 USA
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3. Date Incorporated or Qualified 07/19/1993	4. FEI Number 59-3191100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 HOWARD ALBRITTON
82 Street Address (P.O. Box Number is Not Acceptable) 209 CRYSTAL GROVE BLVD
83
84 City LUTZ
85 Zip Code FL 33549

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 *Howard Albritton* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, HOWARD	1.2 NAME	HOWARD ALBRITTON
STREET ADDRESS	219 CRYSTAL GROVE BLVD.	1.3 STREET ADDRESS	209 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ, FLORIDA 33549
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CURTIS	2.2 NAME	CURTIS MILLER
STREET ADDRESS	219 CRYSTAL GROVE BLVD	2.3 STREET ADDRESS	209 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ, FLORIDA 33549
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Howard Albritton* 1/11/99 813-948-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)