

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

FILED  
May 12 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 # P93000060944 (4)

1. Corporation Name  
KAJE TRANSPORT, INC.

Principal Place of Business  
6200 HWY 544 E  
WINTER HAVEN FL 33881

Mailing Address  
6200 HWY 544 E  
WINTER HAVEN FL 33881-9577



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1993		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3206283		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

REILLY, ANDREW R  
95 S 10TH ST  
HAINES CITY FL 33844

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KENT L			1.2 NAME			
STREET ADDRESS	5110 BUTLER RD			1.3 STREET ADDRESS	3762 West Lake Road		
CITY-ST-ZIP	CANANDAIGUA NY 14424			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PATRICIA H			2.2 NAME			
STREET ADDRESS	5110 BUTLER RD			2.3 STREET ADDRESS	3762 West Lake Road		
CITY-ST-ZIP	CANANDAIGUA NY 14424			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, KENNETH F			3.2 NAME	Dana Quackenbush		
STREET ADDRESS	5088 BUTLER RD			3.3 STREET ADDRESS	385 Rankin Road		
CITY-ST-ZIP	CANANDAIGUA NY 14424			3.4 CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICCIO, KIMBERLY J			4.2 NAME			
STREET ADDRESS	3571 MIDDLE CHESHIRE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CANANDAIGUA NY 14424			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KEVIN L			5.2 NAME			
STREET ADDRESS	608 W LAKE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	CANANDAIGUA NY 14424			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KYLE W			6.2 NAME			
STREET ADDRESS	5110 BUTLER RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	CANANDAIGUA NY 14424			6.4 CITY-ST-ZIP			

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, not changed, or on an attachment with an address.

SIGNATURE: X Patricia H Johnson  
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-29-97 X 716-924-995  
Date Daytime Phone #

CR2E034 (9/96)