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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P9300068063 (5)

Maling Address

BLAND FREIGHT CONTRACTORS, INC.

1026 SW 180TH TERRACE 1026 SW 180TH TERRACE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029-4424 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1993 06/17/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0159922 Not Applicable 26 Suite, Apt. #, etc. Surte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country This corporation has liability for intangible tax under s. 199.032, ✓ Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLAND, MICHAEL E JR. 1026 SW 180TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of eigestered agent mild be. If applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition TITLE PTD DELETE 1.1 TITLE BLAND, MICHAEL E JR. NAME 1.2 NAME 1026 SW 180TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BLAND, VIRGINIA K NAME 2.2 NAME 1026 SW 180TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE Change Additio TITLE 3 1 TITLE BLAND, MICHAEL E SR. 3.2 NAME NAME 1026 SW 180TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY - ST - ZIP 3.4 CHY-ST-7IP TELF ☐ DELETE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SY ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - Z(P 54 CHY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CiTY+ST-ZIP CITY - ST - ZIP 14. If 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 this 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 for or an attachment with an address