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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068063

1. Corporation Name

BLAND FREIGHT CONTRACTORS, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90117 039 ***150.00



Principal Place	of Business	Mailing Address				- I SBALSA DI COM DELINA CONTI MATTI MATTI	. 48511 44114 0		A 81168 (111 188)	
1026 SW 180TH TERRACE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029						DO NOT WRITI	E IN THIS	SPACE		
	,					3. Date Incorporated or Qualifed 09/30/1993		<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	A	pplied For	
21		26				65-0159922		N	lot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				~5Certificate of Status Desired_		\$8.75	Additional	
22						5. Certificate of Status Desired	اسا توجيعي	Fee R	lequired	<u>-</u>
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees]
Zip	Country	Zip	ip Country			8. This corporation owes the curre	nt year Inta	angibje]
24	25	29	30			Personal Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered	Agent		-
					Name					1
BLAND, MICHAEL E JR. 1026 SW 180TH TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)						
	BROKE PINES FL 33029			83						1
	Control of the second			84	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	ation submits this statement for the p 's board of directors. I hereby accept	urpose of the appoir	changing it ntment as r	s registered egistered					
SIGNATURE	,									1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					signature required v		DATE	D DIDEOT	000 111 40	4 3
12.	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT ☐ Change		1
TITLE	PTD	☐ DELETE	1.1 TI					□ Change	[_3 riddillori	
NAME	BLAND, MICHAEL E JR.		1.2 N		Į					1 8
STREET ADDRESS	1026 SW 180TH TERRACE				ADDRESS	•				
CITY-ST-ZIP_	PEMBROKE PINES FL 33029		_	TY-ST	ZIP	<u> </u>		Change	Addition	-
TITLE	SD	☐ DELETÉ	2.1 TITLE					Change	Addition	
NAME	BLAND, VIRGINIA K		2.2 N	2.2 NAME						
STREET ADDRESS	1026 SW 180TH TERRACE	ر به عباق	2.3 S	TREET.	ADORESS					
CITY-ST-ZIP '	PEMBROKE PINES FL 33029			2.4 CITY-ST-ZIP		The state of the s		Change	Addition	-
TITLE	_		3.1 ∏	TLE		,	~ .	Change	~ _ Addition	
NAME	BLAND, MICHAEL E SR.		3.2 N	AME						-
STREET ADDRESS	1026 SW 180TH TERRACE		3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33029		_	TY-ST	-ZIP			[] Change	Addition	
.TLE		DELETE		ne-				Change		
NAME	· ·		4. 2 N							
STREET ADDRESS			4.3 S	TREET	ADDRESS					Ì
CITY-ST-ZIP			_	TY-ST	ZIP	<u> </u>			- Addition	-
TITLE		☐ DELETE	5.1 Tf		•			Change	e 🔲 Addition	
NAME			5.2 N			·				
STREET ADDRESS	·				ADDRESS					1
CITY-ST-ZIP			_	TY-ST	-ZIP	<u>·</u>		CL	e ☐ Addition	4
TITLE		☐ DELETE	6.1 TE					☐ Change		
NAME			6.2 N					•		
STREET ADDRESS					ADDRESS					1.
CITY-ST-ZIP	•		6.4 C	ITY-ST	-ZIP					_J ~

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 truster employered to execute this paper as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagnment with an address with all other like supported.

SIGNATURE:

Daytime Phone #