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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# 1. Corporation Name

ALL AMERICAN TRANSPORT COMPANY OF TAMPA INC.

Principal Place of Business

Mailing Address

3408 N. Florida Ave. Tampa, FL 33603

9902 N. Gallagher Rd. Dover, FL 33527-3612

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

z amp ar ,							DO NOT WRITE IN THIS	SPACE	Ē	
							3. Date incorporated or Qualifed			
							10/8/93			
2. Principal Place of Business		2a.	2a. Mailing Address				4. FEI Number		Арр	lied For
21		26	26				59-3210397		Not	Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 A	dditional
22		27	27				9. Certificate of Status Desired	quired		
City & State			City & State				6. Election Campaign Financing	\$5	.00	May Be
23		28					Trust Fund Contribution	Ad	ided to	Fees
Zip	Country Zip		· •	Country			8. This corporation owes the current year Int	angible		•
24	4 25		29 30			Personal Property Tax. Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent		
	Lovelace			81	η.	Name Joyce	Hamilton			
	N. Florida Ave.			82	82 Street Address (P.O. Box Number is Not Acceptable) 9902 N. Gallagher Rd.					
Tampa	, FL 33603					9902	N. Gallagner Rd.			
				83	1					
				84	1	City Dover		85	Zip C	ode_
					┵				335	27
11. Pursuant	to the provisions of Sections 607.0502 outside a great or both in the State of	and 60 Etorid	07.1508, Florida Statutes a. Such change was auti	, the abov	/e-i / th	named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changir ntment :	ng its r as redi	egistered istered
agent. I a	im familiar with, and accept the obligation	ns of,	Section 607.0505, Florid	a Statute:	S.	io do portuno	A .			0.0.00
SIGNATURE	Duce thmulton	٠,	tresident				81219	วิวิ		
<u> </u>	Signature, typed or printed name of registered agent a				ent s	signature required	d when reinstating) DATI			
12.	OFFICERS AND President/Directo		X KI DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND President/Director			
TITLE	· ·	, _	A TEI DELETE	1.1 TITLE		l l	• • • • • •	x[x }Cha	irige	☐ Addition
NAME	Wayde Lovelace			1.2 NAME		۾ ا	Joyce Hamilton			
STREET ADDRESS	EETADORESS 3400 N. Florida Ave.			1.3 STREE	TA		9902 N. Gallagher Rd.			
CITY-ST-ZIP	Tampa, FL 33603			1.4 CITY-5	ST-7		over, FL 33527-3612			
TITLE	Vice President		x x DELETE	2.1 TITLE		S	Secretary/Treasurer/	XXCha	inge	X Addition
NAME	WaydeLovelace			2.2 NAME		1	Director			
STREET ADDRESS 3400 N. Florida Ave.			I i		IDDRESS M	Mary C. Cable				
CITY-ST-ZIP	Tampa, FL 33603						7502 N. Tampania Ave.			
TMLE TAMPA, PH 33003		3.1 TITL€		Т	rampa, FL 33614	[] Cha	inge	Addition		
NAME				32 NAME			600002962	271	6-	2
STREET ADDRESS				3.3 STREE	TA	(DORESS	-08/17/990			
CITY-ST-ZIP				3.4. CITY-	ST-	ZIP	****183.75	***	k#£1	25
TITLE	ļ		DELETE	4.1 TITLE			1111203110	[] Cha	inge	∐ Addition
NAME				4 2 NAME						
STREET ADDRESS				4.3 STREE	TAI	DORESS				
CITY-ST-ZIP				4.4 CITY-S	T- 2	ZIP				
TITLE			☐ DELETE	5.1 TITLE				[]] Cha	nge	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TA	DORESS				
CITY-ST-ZNP				5.4 CITY-S	7-Z	Z)P				
TITLE			☐ DELETE	6.1 TITLE		1	~	☐ Cha	nge	Addition
NAME				6.2 NAME			. 12			1
1				6 2 PTOCC	T A.	rnocce	. • •			

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP