

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

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99 AUG -9 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P93060071490</i>			
1. Corporation Name ALL AMERICAN TRANSPORT COMPANY OF TAMPA INC.			
Principal Place of Business 3408 N. Florida Ave. Tampa, FL 33603		Mailing Address 9902 N. Gallagher Rd. Dover, FL 33527-3612	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
9. Name and Address of Current Registered Agent			
Wayde Lovelace 3400 N. Florida Ave. Tampa, FL 33603			
10. Name and Address of New Registered Agent			
81 Name Joyce Hamilton			
82 Street Address (P.O. Box Number is Not Acceptable) 9902 N. Gallagher Rd.			
83			
84 City Dover			
85 FL			
86 Zip Code 33527			
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 <i>Joyce Hamilton, President</i> <i>8/2/99</i>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	President/Director	<input checked="" type="checkbox"/> DELETE	
NAME	Wayde Lovelace		
STREET ADDRESS	3400 N. Florida Ave.		
CITY-ST-ZIP	Tampa, FL 33603		
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE	
NAME	Wayde Lovelace		
STREET ADDRESS	3400 N. Florida Ave.		
CITY-ST-ZIP	Tampa, FL 33603		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Joyce Hamilton		
1.3 STREET ADDRESS	9902 N. Gallagher Rd.		
1.4 CITY-ST-ZIP	Dover, FL 33527-3612		
2.1 TITLE	Secretary/Treasurer/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Mary C. Cable		
2.3 STREET ADDRESS	7502 N. Tampania Ave.		
2.4 CITY-ST-ZIP	Tampa, FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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: *Joyce Hamilton, President*

8/2/99 (813) 276-2029

CR2E034 (11/98)