Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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 # P9300081504

1. Corporation Name WAR-MAR TRANSPORT, INC.							
Principal Place of Business	Ma			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/19/1993			
11211 SHERROUSE RD LAKELAND FL 33809		6 78TH ST. N. ELLAS PARK FL 33781					
Principal Place of Business 1	2a.	Mailing Address			4. FEI Number 59-3209592		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8. 	
City & State	28	City & State		·	6. Election Campaign Financing Trust Fund Contribution	\$5 Ad	
Zip 25		Zip 30	Country	,	This corporation owes the current year Personal Property Tax.	ar Intangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
CUMMINGS, MARY			81		dress (P.O. Box Number is Not Acceptable)		

May 10, 1999 8:00 am Secretary of State

05-10-1999 90029 042 ***150.00



PINELLAG FARIN FL 33701			83								
			84	'	FL 85	`					
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			1 TITLE			Change	☐ Addition				
NAME	CUMMINGS, MARY B	1.	2 NAME								
STREET ADDRESS	7116 78TH ST. N.	I s	STREE	T ADDRES	s						
CITY-ST-ZIP	PINELLAS PARK FL 33781		4 CITY- S				i				
TITLE			1 TITLE	<u>, </u>		Change	☐ Addition				
NAME	BENNETT, JERRY E SR	2	2 NAME		i de la companya de l		}				
STREET ADDRESS	13904 2ND STREET	2.	3 STREE	TADDRES	s						
CITY-ST-ZIP	DADE CITY FL	2	4 CITY-:	ST-ZIP							
TITLE		☐ DELETE 3.	1 TITLE			Change	Addition				
NAME I		3.	2 NAME								
STREET ADDRESS		3.	3 STREE	TADDRES	s						
CITY-ST-ZIP		3	4. CITY-	ST-ZIP							
TITLE		DELETE 4	1 TITLE			Change	Addition				
NAME		4.	2 NAME								
STREET ADDRESS		4.	3 STREE	TADDRES	s						
CITY-ST-ZIP		4.	4 CITY-5	ST-ZIP							
TITLE		☐ DELETE 5	1 TITLE			Change	Addition)				
NAME		5.	2 NAME								
STREET ADDRESS		5.	3 STREE	TADDRES	s						
CITY-ST-ZIP		5.	4 CITY-5	ST-ZIP							
TITLE		☐ DELETE 6	1 TITLE			Change	Addition				
NAME		6	2 NAME								
STREET ADDRESS		6	3 STREE	TADDRES	s						
CITY-ST-ZIP			4 CITY-S	_							
14. I hereby o	certify that the information supplied with this filing does	s not qualify for the e	xempt	tion stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify the	at the infi h; that I a	ormation am an				

indicated on this annual report of supplemental annual report is true and accorded and that my signature shall have the same legal effect as a made which that my name appears in 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 chapped, or on an attachment with an address, with all other like empowered.