Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90118 030 ***150.00

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 # P94000010555

FREEDOM TRANSPORT, INC.							
Principal Place	e of Business	Mailing Address				# ## # # #	95101 Orri 1901
1600 E. MAIN STREET P.O. BOX 537							
LEESBURG FL 34748 LAKE PANASOFFKEE FL 3353							
us us					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/03/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	21 26				59-3224155	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	i
22					5. Contribute of Cichas Desires	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added to	o Fees
Zip 24	¬			ountry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes		Ď X INo	
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
				Name			
GOUGH, JAMES C			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
4750 CR 309 B			62	Street Addre	555 (F.O. BOX Number is Not Acceptable)	,	
P.O. BOX 537			83	· · · · ·			
LAKE PANASOFFKEE FL 33538			04 00			85 Zip C	`odo
			84	City	FL	85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named corpo	pration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was autho ions of, Section 607,0505, Florida	rized by Statutes	the corporation	n's board of directors. I hereby accept the appoi	ntment as reg	Jistereu
	min (dinimal mar), one accept the angle						ļ
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Age	nt signature required			
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN		
тпре	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME ·	GOUGH, JAMES C		1.2 NAME	1			}
STREET ADDRESS	4750 CR 309-B	i	1.3 STREE	TADDRESS			ľ
CITY-ST-ZIP	LAKE PANASOFFKEE FL		1.4 CITY-S	T- ZIP			
TITLE	DVST					Change	☐ Addition
NAME	GOUGH, GEM C	2.2 NA					ł
STREET ADDRESS			2.3 STREE	TADDRESS		•	ļ
CITY-ST-ZIP	LAKE PANASOFFKEE FL			ST-ZIP	<u> </u>		
TITLE	☐ DELETE 3.1 TI		3.1 TITLE		•	Change	Addition
NAME	1	ļ	3.2 NAME				
STREET ADDRESS		1	3.3 STREE	T ADDRESS			
C/TY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME		ļ	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			-
CITY-ST-ZIP `			4.4 CITY-S	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		I	5.2 NAME	}	· · ·		ļ
STREET ADDRESS)		TADDRESS]
CITY-ST-ZIP	l		5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS