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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400011770

1. Corporation Name

OBILE TRANSPORT COMPANY

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90030 038 ***150.00

AUT	omobile transport compan	IY			- 1				
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· 1	Place of Business I	Mailing Address			ļ				
1285 CASSAT AVENUE 1285 CASSAT AVENUE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205									•
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205					DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Quali	fed		
ì					(02/04/1994			
2. Princi	ipal Place of Business	2a. Mailing Address			4.	FEI Number		A	pplied For
21	Ĭ N	26			<u> </u>	<u>59-3222582</u>			lot Applicable
	Apt. #, etc.	Suite, Apt. #, etc.			5	Certificate of Status Desire	d 🗆		Additional
22	<u></u>	27			<u> </u>		- -		Required
City 8	State	City & State	·	-		Election Campaign Financi	ng 🗆		May Be
23		28			$-\!\!\!\!\!-$	Trust Fund Contribution			to Fees
Zip	Country	Zip	ຸ Country −າ	,		This corporation owes the	current year li	ntangible Yes	⊠ No
24	25	29 30	0			Personal Property Tax. Name and Address of Ne	w Pagistara		23,140
	9. Name and Address of Current	Registered Agent	81	Name	10.	Name and Address of Ne	w itegisteret	Agent	
	KIRILL, PETER JR.		(0.	l laine					
	1285 CASSAT AVENUE		82	Street Ad	ddress (P.	.O. Box Number is Not Acc	eptable)		
	JACKSONVILLE FL 32205		83	-				_	
'	,		03						
1	ì		84	City			Fi	85 Zip	Code
44 Dure	suant to the provisions of Sections 607.0502	and 607 1508. Florida Statutes.	the above	e-named co	orporation	submits this statement for	the numose o	of changing i	ts registered
office	suant to the provisions of Sections 607.0502 e or registered agent, or both, in the State on the original of the obligation of the obligat	f Florida. Such change was autr	norizea ov	the corpora	ation's bo	ard of directors. I hereby a	ccept the appo	ointment as i	egistered .
	nt I am tamiliar with, and accept the obligati		a Siaiules						
ager		5115 61, 6664611 657.16665, 1761.26							
ager SIGNATI	i URE				uired when re	einstating)	DATE	_	
ager SIGNATI		and title if applicable. (NOTE: Re		nt signature req		einstating) ADDITIONS/CHANGES TO		ND DIRECT	ORS IN 12
ager	URE	and title if applicable. (NOTE: Re	egistered Ager					ND DIRECT	
ager SIGNATI 12.	URE Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Ager						
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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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

READ TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Daytime Phone #