

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90249 004 \*\*\*150.00

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1. Corporation Name

HICKEY TRANSPORT CORPORATION

Principal Place of Business

Mailing Address

RR 3 BOX 142  
PETERSBURG IL 62707  
US

3950 WOOD HAVEN DR  
SPRINGFIELD IL 62707  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

59-3220582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 3950 Wood Haven Dr  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 S  
City & State

27 City & State

23 Springfield, IL

28 Zip

24 62707 Country

29 Zip

25 US

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZER, STEVEN H  
1212 COURT STREET  
SUITE B  
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P ☐ DELETE

NAME HICKEY, MICHAEL  
STREET ADDRESS 3950 WOOD HAVEN DR  
CITY-ST-ZIP SPRINGFIELD IL 62707

1.1 TITLE

☐ Change

☐ Addition

NAME HICKEY, JOYCE L

STREET ADDRESS 3950 WOOD HAVEN DR  
CITY-ST-ZIP SPRINGFIELD IL 62707

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME HICKEY, JOYCE L  
STREET ADDRESS 3950 WOOD HAVEN DR  
CITY-ST-ZIP SPRINGFIELD IL 62707

2.1 TITLE

☐ Change

☐ Addition

NAME HICKEY, JOYCE L

STREET ADDRESS 3950 WOOD HAVEN DR  
CITY-ST-ZIP SPRINGFIELD IL 62707

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

SIGNATURE: *[Signature]* REQUISITE Sec/Treas 4/12/99 (217) 585-9261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)