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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90030 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000017774			
1. Corporation Name FLORIDA FLEET, INC.			
Principal Place of Business 2805 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 US		Mailing Address 2805 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 03/07/1994	
21	2a. Mailing Address	4. FEI Number 59-3227735	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State			
24	2d. Mailing Address		
City & State			
Zip			
Country			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ASMA, WILLIAM N 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787		81 Name Hatcher, Steve	
		82 Street Address (P.O. Box Number is Not Acceptable) suite 600 Landmark Center 1	
		83 315 E. Robinson St	
		84 City Orlando, FL	
		85 Zip Code 32802	
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 607.1505, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		DATE 6/19/99	
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HILL, DONALD L	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1648 VICTORIA WAY	1.2 NAME Bradshaw, Charles E. Jr.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.3 STREET ADDRESS 22951 N. O'Brien Road	
TITLE	VP	1.4 CITY-ST-ZIP Howey-in-the-Hills, FL 34737	
NAME	SMITH, STEVEN O	2.1 TITLE CFO	
STREET ADDRESS	2825 MARSALA CT.	2.2 NAME Hightower, L. Cleve	
CITY-ST-ZIP	ORLANDO FL	2.3 STREET ADDRESS 1814 Gerda Terr	
TITLE		2.4 CITY-ST-ZIP Orlando, FL	
NAME		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)