## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021404 (6)

CLC TRANSPORT, INC. Principal Place of Business Mailing Address 1462 HWY A-1-A 1462 HWY A-1-A **SATELLITE BEACH FL 32937** SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3234022 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MITCHELL, BRUCE A ESQ. 1825 SOUTH RIVERVIEW DRIVE 82 MELBOURNE FL 32901 BEACH 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 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition 1.1 TITLE TITLE APUZZO, LOUIS J NAME 1.2 NAME 1462 HWY A-1-A STREET ADDRESS 1.3 STREET ADDRESS **SATELLITE BEACH FL** 1.4 C(1Y - ST - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE IADARRESTA, CHARLES J NAME 2.2 NAME 1238 HARTFORD, TURNPIKE STREET ADDRESS 2.3 STREET ADDRESS **VERNON CT** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE DVPS 3.1 TITLE PALM, CHARES J 3.2 NAME NAME 215 KINGSWAY 3.3 STREET ADDRESS STREET ADDRESS **SATELLITE BEACH FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DFLETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

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.

6.4 City-St-ZiP

City-St-7P

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402-277-3095

FILED

May 05 1998 8:00am

Secretary of State