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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business 3227 COCHRAN ST. LAKELAND FL 33811 22 COCHRAN ST. LAKELAND FL 33811 23 Date Incorporated or Qualifed 03/16/1994 3 Date Incorporated or Qualifed 03/16/1994 3 Date Incorporated or Qualifed 03/16/1994 4 FEI Number 59-3245190 Applied For Suite, Apt. #, etc. 5 Certificate of Status Desired Fe Required City & State City & State City & State City & State 28 City Country 29 Say 30 Personal Property Tax. 9 Name and Address of Current Registered Agent HEATH, PATRICIA 2327 COCHRAN ST LAKELAND FL 33801 10 Name and Address of New Registered Agent 11 Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiary with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, Typed or printed name of registered Agent and time if applicables. (NOTE: Registered Agent agents) PARE 11 DESTRUCTOR. (CHANGES TO OFFICERS AND DIRECTORS) IN 12 12 OFFICERS AND DIRECTORS 11 TIME Description 1 Time Delete 11 Tim	DOCUMENT # P94000 1. Corporation Name HEATH AUTO TRANSPORT, INC.	0021536							
LAKELAND FL 33811 LAKELAND FL 33811 LAKELAND FL 33811 LAKELAND FL 33811 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/16/1994 4. FEI Number 59-3245190 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Since Added to Fee State City & State Country Added to Fees No. Name and Address of New Registered Agent HEATH, PATRICIA A2327 COCHRAN ST LAKELAND FL 33801 B4 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature Signature, typed or profiled name of registered agent and tallor if applicable. OFFICERS AND DIRECTORS IN 12 TILL D DELETE 11 TILL D DELETE 11 TILL Applications On	Principal Place of Business	Mailing Address				• • • • • • • • • • • • • • • • • • •			
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City & State City & State City & State		⊢ '''			5. Certificate of Status Desired	* - · · · · · ·			
Zip Country Zip Country Zip Country 30 Serion owners the current year Intangible Personal Property Tax.		⊢ · ′ · ·				•			
9. Name and Address of Current Registered Agent HEATH, PATRICIA 2327 COCHRAN ST LAKELAND FL 33801 82 Street Address (P.O. Box Number is Not Acceptable) 13. Value 14. 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 D Change Addition	Zip Country	'	_ ` `	у, ;	•				
HEATH, PATRICIA 2327 COCHRAN ST LAKELAND FL 33801 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 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 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		ent Registered Agent			10. Name and Address of New Regist	ered Agent			
LAKELAND FL 33801 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 DIRECTOR Change Addition			Ľ		Address (P.O. Box Number is Not Acceptable)				
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TITLE D DELETE 1.1 TITLE CHANGE Addition				on agricula lat	quite when remaining,				
			1.1 TITLE		CWASE DIRECTOR	☐ Change Addition			

SIGNATURE			equired when reinstation) DATE		'
12.	Signature, typed or printed name of registered agent and title if applicable. (NO OFFICERS AND DIRECTORS	TE: Registered Agent signature r 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		RS IN 12
		1.1 TITLE		Change	Addition
TITLE	-	1	GWATER DIRECTOR		A
NAME	HEATH, PATRICIA	1.2 NAMÉ	MARK HEHIT		,
STREET ADDRESS	2327 COCHRAN ST	1.3 STREET ADDRESS	MARK HEATH 2327 COCHRANST		
CITY-ST-ZIP	LAKELAND FL 338 94 15	1.4 CITY-ST-ZIP	LAKELAND, FIA 33815		
TITLE	DELETE	2.1 TITLE	[☐ Change	☐ Addition
NAME		· 2.2 NAME	↓	•	
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TITLE	☐ DELETE	5.1 TITLE	,	Change	☐ Addition
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STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			·
STREET ADDRESS		6.3 STREET ADDRESS	·		ı
CITY OT 7ID		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: