FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

L	1990	DIVISION OF	CORPORA	TIONS			
DOCU 1. Corporation	MENT # P940	000030698 (2	2)				
1	'S TRANSPORTATION, IN	•	•				
		•) 	
Principal Place of Business		Mailing Address					
922 DUNCAN RD		922 DUNCAN RD					
SOUTH DA	AYTONA FL 32119	SOUTH DAYTONA F	L 32119				
					3. Date Incorporated or Qualified	3a. Date of L	
2. Principal Place of Business		2a. Mailing Address		04/21/1994 4. FEI Number	07/	11/1995	
21		26	F 1		59-3239080		Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	<u> </u>	8.75 Additional	
City & State		27			3. Certificate of Status Desired		Fee Required
23		City & Strate		Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Ζιρ 24	Zip Country Zip 29		Country 30		8. This corporation has liability for i		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R		nt
			8	1 Name		<u> </u>	
FENN, PRUDENCE N 922 DUNCAN RD SOUTH DAYTONA FL 32119		82 83		2 Street Add	Address (P.O. Box Number is Not Acceptable)		
				3			
			8	4 City		— 85	Zip Code
11. Pursuant to	o the provisions of Sections 607.056	02 and 607,1508, Florida Statute	s, the above	ramed corpo	ration submits this statement for the pur	FL °	
familiar with	ed agent, or both, in the Stale of Fib h, and accept the obligations of, Se	riti i Such change was authoriza ction 607.0505, Florida Statutes.	ia by the coi	poration's boa	ration submits this statement for the puri rd of directors. I hereby accept the appo	ortment as regis	tered agent. I am
SIGNATURE							
12.	Signature Typed or product many of registerent again. OFFICE DR AI	no accident fapperature (1995) ND ENRECTORS	t fragithmal Ag	er syrana ayan		JAIr	
TITLE	P	DELETE			ADD/TIONS/CHANGES TO OFF		
NAME	FFAIL PRINCIPLION AL		1.2 NAM		☐ Change ☐ Addition		ange Addition
STREET ADDRESS	I			1 3 STREET ADDRESS		8	
CITY-ST-ZIP	SOUTH DAYTONA FL		1.4 CIT+	. ŠT. ZIP			Z
TITLE	☐ DELETE 2		2 1 11 11			☐ Cha	inge Addition C
NAME			2.2 NAME				
STREET ADDRESS CITY-ST-ZiP				-LADDRESS			
TITLE		[DELETE	2 4 CITY -				
NAME			3 1 TITLE 3 2 NAME			Cha	nge 🔲 Addition
STREET ADDRESS			- II	ET ADDRESS			
CITY - ST - ZIP			3.4 CrTr -	Į.			
TITLE		☐ DELETE	4 1 TITLE			☐ Cha	nge Addition
NAME			4.2 NAME	,			, , ,
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY -	St Z·P			
NAME			5 FIFTLE	Í	·-	☐ Chai	ng∈ Addition
STREET ADDRESS			5.2 NAME	I AFIORCOS			
CHTY - ST - ZIP				I ADDRESS			ļ
TITLE		DELETE	5.4 CITY - 6.1 TITLE	31 · /IP		[7] [5]	nos El Address
NAME			6.2 NAME			☐ Chai	nge 🔲 Addition
STREET ADDRESS				LADORESS			
CITY-ST-ZIP			€ 4 Off Y - 1	1			

14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 dentarged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 9/96 404-322-7612