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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035419 (8)

ANNIS AUTO TRANSPORT, INC.

Principal Place of Business Mailing Address 214 N DILLARD ST 214 N DILLARD ST WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-2614 3a. Date of Last Report 3. Date Incorporated or Qualified 05/11/1994 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26-6725951 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, √ Yes □ No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MASHBURN, ERIC S 102 E MAPLE ST Street Address (P.O. Box Number is Not Acceptable) 82 WINTER GARDEN FL 34787 83 84 City Zip Code 65 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 fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Addition TITLE ☐ DELETE 1.1 TITLE ☐ Change ANNIS, DAN SR 1.2 NAME CR2E034 NAME 214 N DILLARD ST 1.3 STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZP 2 4 CITY - ST - 2iP DELETE Change ■ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIF 4.4 CITY-ST-ZIP Change DELETE Addition THLE 5.1 TITLE NAME 52 NAME **53 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quality 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

5.4 City - ST-ZiP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

RECO.JIADDIS

DELETE

4/30/97 407-656-6866

Change

Addition

FILED

May 09 1997 8:00am

Secretary of State