

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90044 001 ***150.00

DOCUMENT # P94000042593

1. Corporation Name
PRO LINE EXPRESS, INC.

Principal Place of Business
11516 NW 10TH ST
PEMBROKE PIENS FL 33026
US

Mailing Address
11526 NW 10TH ST
PEMBROKE PIENS FL 33302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1994

4. FEI Number
65-0498686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 10387 SW 73RD AVE.
Suite, Apt. #, etc.
22 Ocala, FL.
City & State
23 34476 U.S.
Zip Country

2a. Mailing Address
26 10387 SW 73RD AVE
Suite, Apt. #, etc.
27 Ocala, FL.
City & State
28 34476 U.S.
Zip Country

9. Name and Address of Current Registered Agent

BATTISTI, JOSEPH G
11526 NW 10TH ST
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 10387 SW 73RD AVE.
84 City Ocala FL 85 Zip Code 34476

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	BATTISTI, JOSEPH G	11526 NW 10TH ST	PEMBROKE PIENS FL	<input type="checkbox"/>
VS	BATTISTI, CYNTHIA	11526 NW 10TH ST	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE
		10387 SW 73 RD AVE	Ocala, FL. 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10387 SW 73 RD AVE	Ocala, FL. 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Battisti* 1/30/99 352-861-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)