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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000046439 (3)

DOCUMENT # 1. Corporation Name WESTWOOD TRANSPORTATION, INC.



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Principal Place of	Business	Mailing Address							
13349 BUTLER BLVD. 13349 BUTLER BLVD. WINTER GARDEN FL 34787									
WINTER GARDI	EN FL 34787	WINTER GARL	JEN FL 34/0/			3. Date Incorporated or Qualified	3a . Da	ate of Last R	eport
						06/17/1994		08/25/19	
	- f Business	2a. Mailing Addre	ess			4. FEI Number		L	Applied For
. Principal Place	6 OL BÓRIGOS	26				59-3261293			Not Applicable
Suite, Apt. #, I	etc.	Suite, Apt. #.	etc.			5. Certificate of Status Desired			Additional Required
		27				6. Election Campaign Financing			May Be
City & State		City & State				Trust Fund Contribution		T	d to Fees
]		28		Country		8. This corporation has liability for	intangible	e tax under s	199.032,
Zip ⊐	Country 25	29	30			Fiorida Statutes	s 🔲 No		
·	9. Name and Address of Curre					10. Name and Address of New	Registere	ed Agent	
,. <u></u> , <u></u>				81	Name				
WESTWO	OOD, THOMAS R			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
13349 BI	UTLER BLVD.								
WINTER	GARDEN FL 34787			83				· ·	Y: 0 - 1-
				84	City		F	=L 85 2	žip Code
					1	ration submits this statement for the p and of directors. I hereby accept the ap		- changing its	registered office
S	Structure Intest of the Bulletin United Structure					ed where notes do go	2555		
SIGNATURE:	Signature, typed or printed have of regularies the	ಾಗಿತ್ Itthord aγγ≐ ಮತ್ತೆ	1411 (200						
	OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS A		
12.	OFFICERS /	AND DIRECTORS				ADDITIONS/CHANGES TO OF	FICERS A	AND DIRECT	
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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 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 certify that the information indicated on this annual report or supplemental annual report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

877.2617