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

Mailing Address

13349 BUTLER BLVD.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

13349 BUTLER BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046439 (3)

WESTWOOD TRANSPORTATION, INC.

WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 3. Date incorporated or Qualified 3a. Date of Last Report 06/17/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3261293 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{1D} Zio Country 8. This corporation has flability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WESTWOOD, THOMAS R Name 13349 BUTLER BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 83 84 City 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 Stgriature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (96/6) DELETE 100 1.1 TITLE Change Addition WESTWOOD, THOMAS R NAME 1.2 NAME 13349 BUTLER BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-74 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition THE 2.2 NAME NAM STREET ADDRESS 23 STREET ADDRESS CITY ST-ZP 2.4 CITY-ST-ZIP DELETE THLE 3.1 TITLE ☐ Change ☐ Addition NALIE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-7F 3.4. CITY - ST-ZIP DELETE Change THE 4.1 TITLE Addition 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY- ST. 20 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHTY - \$1 - ZIP DELETE Change Addition THEF 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZP

14. I do 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 12 or Block or on an attachment with an address.