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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000050717 (5) DOCUMENT

LEOPARD TRANSPORTATION, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r inderstaat eide lidese Britte Obtili danier Baliet Obtil	ha mirit diketa (dindi atalis 1861 1861
POST OFFICE BOX 734 POST OFFICE BOX HOUSTER FL 32 HOUSTER FL 32 HOUSTER FL 32						
	• •••				DO NOT WRITE IN TI	HIS SPACE
					 Date Incorporated or Qualified 07/08/1994 	
2. Principal Place of Business 28. Mailing Address					4. FEI Number	Applied For
21			26		59-3254225	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zíp	Country Z ₁ p		⊢ ¬	Country 8. This corporation owes or has paid the current year Intangible		
24	[25] [29] [30]		30]	Personal Property Tax due June 30. 🔀 Yes 📙 No		
	Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New Registe	red Agent
	DERSON, LINDA			Name		
106 WATER OAK TRAIL				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
nu	DLISTER FL 32147		}	83		
				63		
			•	84 City		85 Zip Code
44 Duzeuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	toe the at	Nove named cor	poration submits this statement for the purpos	_ , , , , , , , , , , , , , , , , , , ,
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corpora	tion's board of directors. Thereby accept the	appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of Section 607,0505, Fi	lorida Stati	utos.		~ Q0
SIGNATURE	Sensitire, prod or printed name of registered age	ot and title if applicable (NO	It: Bugistered	N. A.	oderson President 1 - 2 ired when reinslating) DA	0-78
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	☐ DELETE 11 TI			Change Addition
NAME	anderson, Linda		1.2 NA	ME		
STREET ADDRESS	106 WATER OAK TR.		1.3 S1	REET ADDRESS		
CITY-ST-ZIP	HOLLISTER FL		_1.4 CIT	Y - S1 - ZIP		
TITLE	D	☐ DELETE	2.1 TIT	LE		Change Addition C
NAME	ANDERSON, MARY 22 N		ME .			
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY-ST-ZIP	HOLLISTER FL		2. 4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME į		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	4.1 111			☐ Change ☐ Addition
NAME			4. 2 NA	VME į		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		Delett.		Y-SI-ZIP		Ohann Laddina
TITLE		☐ DEFELE	5.1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		☐ DELETE		Y-S1-ZIP		Change Addition
TITLE		☐ DELETE	6.1 111	ì		☐ PLINUIGE ☐ VOCATION
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	***	

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 comporation 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 chapter 607, or on an attachment with an address.

904