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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062551 (4)

MILLICAN TRANSPORT, INC.

FILED May 01 1998 8:00am Secretary of State



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Principal Place of Business		Mailing Address					
608 JEFFERSON AVENUE LEHIGH ACRES FL 33936		608 JEFFERSON AVENUE LEHIGH ACRES FL 33936			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified		
					08/22/1994		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26 608 Jefferson Ave			65-0511618		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , ,	75 Additional	
22		27]			C. Collingia of Clara Double	Fee	e Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28 Lehigh Acres		L	Trust Fund Contribution		ded to Fees
Zip	Country	Zip	_`Coun ∵I	try	8. This corporation owes or has pai		r Intangible
24	25	29 339 1 Z 3	<u>ol</u>		Personal Property Tax due June 10. Name and Address of New Reg		
	9. Name and Address of Curren	r Hegistereo Agent		Name	10. Name and Address of New Act	Interest whole	
	LICAN, JAMES		`	1 van is			
	B JEFFERSON AVENUE			32 Street Add	reet Address (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33938				33			
				,,,			
			ε	City		FL 85	Zip Code
		6 1007 4500 Finite 6 141	4		the state was far the co		na ila sagistasad
l office or r	egistered agent, or both, in the State im familiar with, and accept the obligation in the state.	of Florida. Such change was auf	thorized.	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	of the appointmen	t as registered
SIGNATURE	Signature typed or printed name of registered age	ort and title if applicable (NOTE: I	Registered /	Agent signature requ	pired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITL	E		☐ Char	nge 🔲 Addition
NAME	MILLICAN, JAMES		1.2 NAM	AE .			
STREET ADDRESS	608 JEFFERSON AVENUE	1.3 \$		EET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 C/TY	r-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	ε		L. Char	nge 📙 Addition
NAME			2.2 NAN	M€			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2 4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	31 TITL	E		☐ Char	nge 🔲 Addition
NAME			3.2 NAN	AE .			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3 4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		Char	nge 📙 Addition
NAME			4.2 NAI	ME			
STREET ADORESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	5.4 TITL	E		☐ Char	nge 🔲 Addition
NAME			5.2 NAN				
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		- नियः	
TITLE		☐ DELETE	6 1 TITU	.E		Char	nge 🔲 Addition
NAME			6.2 NAN	AE .			
STREET ADDRESS			6.3 STR	EFT ADDRESS			
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP			
44 I hereby	andifu that the information cumplied w	ith this filing does not qualify for	the ever	notion stated in	n Section 119 07(3)(i) Florida Statutes, L.	further certify that	t the information

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.