

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90150 032 ***150.00

DOCUMENT # P94000063764

1. Corporation Name

DEDICATED CARRIERS, INC.

Principal Place of Business

6214 MEMORIAL HWY
TAMPA FL 33615
US

Mailing Address

6214 MEMORIAL HWY
TAMPA FL 33615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

59-3273936

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 4627 Town N'Country
Suite, Apt. #, etc. Blvd.

2a. Mailing Address

26 4627 Town N'Country
Suite, Apt. #, etc. Blvd.

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

Country

24 33615

25 U.S.A.

Zip

Country

29 33615

30 U.S.A.

9. Name and Address of Current Registered Agent

PAWLOWSKI, KEVIN
501 E. KENNEDY BLVD.
SUITE 702
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

CARL T. WATKINS, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

7345 JACKSON SPRINGS RD #3

83

84 City

TAMPA

85 Zip Code

FL 33634

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-STATE-ZIP
PD
MILLS, DANNY R.
3955 VERSAILLES DRIVE
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
LINDA STACY MILLS
3955 VERSAILLES DRIVE
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 reported 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report, or on an attachment with an address, with all other like empowered.

SIGNATURE
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-2, 99 813-884-8466
Date Daytime Phone #

CR2E034 (1/98)