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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9400076197

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90077 023 \*\*\*150.00

TRI-COUNTY TRANSPORT, INC.		}		
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Principal Place of Business Mailing Address				
2384 LYNN DRIVE PO BOX 1500				
WEST PALM BEACH FL 33415-7136 LOXAHATCHEE FL 33470		DO NOT WRITE IN THIS SPACE		
,		3. Date Incorporated or Qualified	SPACE	<u> </u>
		10/17/1994		
1 2 Mailing Address		4. FEI Number	Anni	lied For
2. Principal Place of Business 2a. Mailing Address	~ O	65-0529170	<u> </u>	Applicable
21 1 0 6 7 Cat. N 26 Suite Apt. # etc. Suite Apt. #_etc.	·		\$8.75 Ad	
		5. Certifcate of Status Desired	Fee Req	
City & State City & State		6. Election Campaign Financing	\$5.00 N	lav Be
	natchee IL	Trust Fund Contribution	Added to	
Zip Country Zip	Country	8. This corporation owes the current year Int	tangible	1
24 33470 25 USA 29 3347	OBO USA	Personal Property Tax.	∐ Yes 🏖	ZÍNo
9. Name and Address of Current Registered Agent	0,00	10. Name and Address of New Registered	Agent	
oldaless	81 Name	salare ll'aks		
HIGKS, CHARLEY E CORRECTION -	82 Street Addre	ess (P.O. Bo) Number is Not Acceptable)		
2384 LYNN DRIVE	82 Street Addre	5 177 th Conret	N	ţ
WEST PALM BEACH FL 33415-7136	83			
	<u> </u>			
	84 City Lo	xahatchec FL	85 Zip Co	プラロー
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S	statutes, the above-named corpo	pration submits this statement for the purpose of	changing its re	egistered
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S office or registered agent, or both, in the State of Florida. Such change w agent. I am familiar with and accept the obligations of, Section 607.0505</li> </ol>	vas authorized by the corporation	n's board of directors. I hereby accept the appo	intment as regi	stered
	, Florida Statutes.	•		
SIGNATURE	(NOTE: Registered Agent signature required			
SIGNATURE			ND DIRECTOR	RS IN 12
SIGNATURE Shooture hyper or periled name of registered agent and title if applicable.	(NOTE: Registered Agent signature required  13.  E 1.1 TITLE	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS APPLICATIONS APPLICATION OF THE PROPERTY	ND DIRECTOR	
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SIGNATURE  Shouture Lyped or phriled name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE PD DELET  NAME HICKS, CHARLEY E	(NOTE: Registered Agent signature required  13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS / 77 1.4 CITY-ST-ZIP	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS APPLICATIONS APPLICATION OF THE PROPERTY	ND DIRECTOR Change	RS IN 12
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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 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, with all other like empowered.

SIGNATURE: