

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

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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90077 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000076197

1. Corporation Name

TRI-COUNTY TRANSPORT, INC.

Principal Place of Business

2384 LYNN DRIVE  
WEST PALM BEACH FL 33415-7136

Mailing Address

PO BOX 1500  
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0529170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 17105 67th Crct. N

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee FL

Zip

24 33470

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 PO Box 1500

City & State

28 Loxahatchee FL

Zip

29 33470

Country

30 USA

9. Name and Address of Current Registered Agent

HICKS, CHARLEY E  
2384 LYNN DRIVE  
WEST PALM BEACH FL 33415-7136

address  
Correction ->

10. Name and Address of New Registered Agent

81 Name

Charley E. Hicks

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

17105 67th Crct N

83

84 City

Loxahatchee

FL

85 Zip Code

33470

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

☐ DELETE

TITLE PD  
NAME HICKS, CHARLEY E  
STREET ADDRESS 2384 LYNN DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415-7136

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD Charley E Hicks

1.2 NAME

17105 67th Crct N.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Loxahatchee, FL 33470

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 1999

Date

561-790-0580

Daytime Phone #

CR2E034 (1/198)

0357105