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PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P94000076568 1. Corporation Name

EDIC TRANSPORT OF OCCUR INC

- 1	· ····
	553 ROPER PARKWAY OCOEE FL 34761

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90079 027 ***150.00

Principal Place 553 ROPER PA OCOEE FL 347	ARKWAY	Mailing Address 553 ROPER PARKWAY OCOEE FL 34761							
JUUGE FL 34/	rv1	000CE 12 04/01				DO NOT WRI		SPACE	
					Ī	3. Date Incorporated or Qualifed			·
_						10/17/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21	****	26				<u>65-0529420</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & Stat	tē	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	لبا	Added	to Fees
Zip	Country	Zip	Country	y		8. This corporation owes the cur-	rent year Int		-
24	25	29	30			Personal Property Tax.		¥ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
			81	Name	•				
	VMAN, PAMELA F ROPER PARKWAY		82	Stree	Addres	s (P.O. Box Number is Not Accept	able)		
000	OEE FL 34761		83	1					
				1 00				as 7in	Codo
			84	City			FL	. 85 Zip	Code .
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abov	e-name	corpor	anon submits this statement for the	pui poos oi	Granging ito	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	itions of, Section 607.0505, Fig	outhorized by orida Statute:	the corps.	ooration'	s board of directors. I hereby acce	pt the appoi	ntment as re	gistered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed of printed name of registered age	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized by	the corps.	ooration'	s board of directors. I hereby acce	DATE	nument as re	gistered
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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