.SECUND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sändra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000076654 (0)

PRC TRANSPORT, INC.

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APPROVED AND

1997 JUL 24 AN II: 03

SECRETARY OF STATE TALLAHASSEC, PLORIDA



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Principal Place of Business Mailing Address				······ (verv errie errer ellis elli 1991	
38952 CLINTON AVENUE 38952 CLINTON AVENUE Dade City FL 33525 Dade City FL 33525					
DADE CITY FL 33525 DADE CITY FL 33525				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/17/1994	09/16/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3895	2 Clinton Ave	26 38952 C	liNTON AVE	59-3275439	Not Applicable
Sulte, Apt. 4		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	4 4 5	City & State	ر س	6. Election Campaign Financing	\$5.00 May Be
23 Va 1	e City fl	28 Dade C	ity rI	Trust Fund Contribution	Added to Fees
Zip 2 2	Zountry (Z ₁ p	Country	8. This corporation owes or has paid	
24 33			30 USA	Personal Property Tax due June 3	
	9. Name and Address of Current	Hegistered Agent	64 N	10. Name and Address of New Reg	istered Agent
CHRISTIAN, BONNIE J 81 Name					
38952 CLINTON AVE				ress (P.O. Box Number is Not Acceptable	e)
DADE CITY FL 33525					
			83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	s the above-named corr	ogration submits this statement for the nu	
office or re agent. I an	egistered agent, or both, in the State of militar with, and accept the obligations.	of Florida. Such change was autions of, Section 607.0505	thorized by the corporation Statutes	coration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
	Smillure, typed or printed name of registered age		Registered Agent signature requir	7	-/7-97
12.	OFFICERS AND	DIRECTORS	nogistadoù Agent signature redon	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	CHRISTIAN, BONNIE J		1.2 NAME }	6000022	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	38952 CLINTON AVE		1.3 STREET ADDRESS	-07/29/9	508364 701074018
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY - ST- ZIP	****165	
TITLE	81	☐ DELETE	2.1 TITLE		Change Addition
NAME	WILLIAM M. CHRISTIAN		2.2 NAME		
STREET ADDRESS	38952 CLINTON AVE		2.3 STREET ADDRESS		
	DADE CITY FL 33525				
CITY-ST-ZIP	STATE OTTO L GOODS	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		C Official			ш онакуе ш милиол
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-ST-7/P		Change
TITLE		□ bereig	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Donest	4.4 CITY-ST-ZIP		
TITLE		☐ DELET É	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP	0/2 %	
TITLE		☐ DELETE	6.1 TITLE	٠ الـــم	Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.