

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088593 (6)

1. Corporation Name

BEACHPORT TRANSPORTATION, INC.

Principal Place of Business

6TH STREET
HIGHWAY 27
MOORE HAVEN FL 33471
US

Mailing Address

PO BOX 2772
HALLANDALE FL 33008-2772
US

FILED

May 01, 1996 08:00 AM
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

KULLMAN, JARED J
1910 S. STATE ROAD 7
MIRAMAR FL 33023

3. Date incorporated or Qualified
12/05/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0563745

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 in full on separate sheet and attached to this application.

(If 20th Registered Agent is a future registered agent, restate name)

DATE

12. OFFICERS AND DIRECTORS

TITLE SDVP
NAME THOMAS, KATHLEEN
STREET ADDRESS 1302 S. 17TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

SDVP

SNYDER, KATHLEEN

PO BOX 2772

HALLANDALE FL 33008-2772

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

KATHLEEN SNYDER

4-25-96

800-929-6838