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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000011746

1. Corporation Name

P.A.W. & SON TRANSPORTATION, INC.

Principal Place of Business
11216 MERCEDES ST.
SPRING HILL FL 34609

Mailing Address
~~8855 EDSON RD.~~ PO Box 323
CAPRON IL 61012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 323

27 Suite, Apt. #, etc.

28 City & State

CAPRON IL

29 Zip

30 Country

USA

4. FEI Number

36-3569056

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

GARY J. ANDERSON
11233 MERCEDES ST.
SPRING HILL FL 34609

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ANDERSON, WALLACE
STREET ADDRESS 11216 MERCEDES ST.
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VP ☐ DELETE
NAME GARY J. ANDERSON
STREET ADDRESS 11233 MERCEDES ST.
CITY-ST-ZIP SPRING HILL FL

TITLE PT ☐ DELETE
NAME ANDERSON, PATRICIA A
STREET ADDRESS 8855 EDSON ROAD
CITY-ST-ZIP CAPRON IL 61012

TITLE S ☐ DELETE
NAME MORRIS, DENISE J
STREET ADDRESS 174 BALDWIN ST. P.O. BOX 231
CITY-ST-ZIP SHARON WI 53585

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☒ Addition
1.2 NAME PATRICIA A. ANDERSON
1.3 STREET ADDRESS 8855 EDSON RD
1.4 CITY-ST-ZIP CAPRON IL 61012

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER ☐ Change ☐ Addition
3.2 NAME PATRICIA ANDERSON
3.3 STREET ADDRESS 8855 EDSON RD
3.4 CITY-ST-ZIP CAPRON IL 61012

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: Denise J. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

815-569-2581

Daytime Phone #

CR2E034 (11/98)