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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016265 (7)

B & L TRANSPORTATION SPECIALISTS, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				1 (ARIMATI 110 (BIRL BITTI ARM BONT BOTTI ARM 11810 ANTO STRIE ALTOL BIN (AR)				
1520 CENTER	ST	1520 CENTE	1520 CENTER ST							
DELAND FL 32720		DELAND FL 32720			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or (0.7101		
						02/24/1995				
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number		- Ar	oplied For	
21		26			59-3296116			ot Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.						Additional		
22		27				5. Certificate of Status De	esirea 🗀	Fee Re	equired	
City & State)	City & Str	nte			6. Election Campaign Fir	ancing	\$5.00	May Be	
23		28				Trust Fund Contributio	n 🗆	Added	Added to Fees	
Zip	Country	Zip	<u></u>	Country	•	8. This corporation owes	•			
24	25	29	30			Personal Property Tax			No	
	9. Name and Address of Curre	ent Registered Age	nt	81	T	10. Name and Address of	f New Registered	Agent		
BARTLETT, ROBERT				81	Name				ļ	
1520 CENTER ST				82	Street Ad	iress (P.O. Box Number is Not Acceptable)				
DEI	LAND FL 32720			<u> </u>						
				83						
				84	City			85 Zip	Code	
							- FL	• <u> </u>		
11. Pursuant t office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Fi te of Florida, Such c	lorida Statutes, t hange was authi	he abov orized by	e-named co y the corpor	rporation submits this statemer ation's board of directors. I her	it for the purpose of eby accept the app	or changing in pointment as	registered	
agent. I ar	m familiar with, and accept the obl	igations of, Section 6	307.0505, Florida	Statule	S.					
SIGNATURE	Slavature, lyped or proded name of recostered a	nount and line if scots able	(NO1L Rec	pistered Ata	ont signature reg	uired when reinslating)	DATE			
12.		ND DIFFECTORS	·	13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	R\$ IN 12	
TITLE	D	L	DELFTE	1.1 TIFLE				Change	Addition	
NAME	BARTLETT, ROBERT			1.2 NAME						
STREET ADDRESS	1520 CENTER ST			1.3 STREE	ADDRESS					
CITY-ST-ZIP	DELAND FL 32720			1.4 CITY-5	ST-ZIP					
TITLE	\$		DELETE	2.1 TITLE				Change	Addition	
NAME	HRABAL, PEGGY		ľ	2.2 NAME						
STREET ADDRESS	1520 CENTER ST			2.3 STREE	T ADDRESS					
CITY-ST-ZIP	DELAND FL 32720			2. 4 CITY -	ST - ZIP					
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
CITY-ST-ZIP				3 4. CITY-	ST-ZIP					
TITLE			DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	ADDRESS					
CITY+ST-ZIP				4.4 City-:	ST-ZIP					
TITLE			DELETE	5 1 TITLE	<u> </u>	,		Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				53 STREE	T ADDRESS					
CITY-ST-ZIP			1	5.4 CITY-	ļ					
TITLE	<u> </u>		DELETE	6.1 TITLE	-		.,	Change	noilibbA 🔲	
NAME		_		6.2 NAME				-		
STREET ADORESS			<u>I</u>		T ADDRESS					
CITY-ST-ZIP			ŀ	6.4 CITY-						
Q111 - Q1 - £11				2011/17						

14. Thereby 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.