

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000016609**

1. Corporation Name

NEW RIVER TRANSPORTATION CORP.

Principal Place of Business

7505 HIGHWAY 29 SOUTH
IMMOKALEE FL 33934

Mailing Address

P.O. BOX 2863
IMMOKALEE FL 33934
US

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90005 020 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3299046

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. ☐ Yes ☐ No

2. Principal Place of Business

620 E Tropical Way

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33317

Country

USA

2a. Mailing Address

P.O. Box 350463

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33335

Country

USA

9. Name and Address of Current Registered Agent

TORIELLI, JOHN T
237 EAGLESMERE DR.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name

L.B. Brashier

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

217 BULLION SWITCH RD

83

City

Fort Lauderdale FL

84

Zip Code

33317

85

City

FL

State

Zip Code

33317

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 **L.B. Brashier** **L.B. Brashier** **7/29/99**
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 **PD** ☒ DELETE

NAME **TORIELLI, JACK**
STREET ADDRESS **237 EAGLESMERE DR.**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **VP** ☐ DELETE

NAME **BRASHIER, JOHN D**
STREET ADDRESS **38277 BULLION SWITCH RD.**
CITY-ST-ZIP **PRAIRIEVILLE LA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE: **L.B. Brashier** **7/29/99** **225-752-8023**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

0071213