

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 06 1998 8:00am  
Secretary of State

DOCUMENT # P95000037356 (9)

1. Corporation Name

CUMBIE TRANSMISSION SERVICE INC.



Principal Place of Business

~~4880 DUNN AVE~~ 8515 ALTON AVE.  
JACKSONVILLE FL 32218- 32211

Mailing Address

~~4880 DUNN AVE~~ 8515 ALTON AVE.  
JACKSONVILLE FL 32218- 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1995

2. Principal Place of Business

21 8515 ALTON AVE.

Suite, Apt. #, etc.

22

City & State

23 JAX., FL.

Zip

24 32211

Country

25 DUVAL

2a. Mailing Address

26 8515 ALTON AVE.

Suite, Apt. #, etc.

27

City & State

28 JAX., FL.

Zip

29 32211

Country

30 DUVAL

4. FEI Number

59-3314173

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUMBIE, LOREN  
~~4880 DUNN AVE~~ 8515 ALTON AVE.  
JACKSONVILLE FL 32218- 32211

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 P ☐ DELETE

NAME CUMBIE, LOREN  
STREET ADDRESS ~~4880 DUNN AVE~~  
CITY-ST-ZIP JACKSONVILLE FL 32218-

TITLE V ☐ DELETE

NAME CUMBIE, CASSIE G  
STREET ADDRESS ~~4880 DUNN AVE~~  
CITY-ST-ZIP JACKSONVILLE FL 32218-

TITLE 2V ☐ DELETE

NAME CUMBIE, GARY  
STREET ADDRESS ~~4880 DUNN AVE~~  
CITY-ST-ZIP JACKSONVILLE FL 32218-

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 8515 ALTON AVE.  
1.4 CITY-ST-ZIP JAX., FL. 32211

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 8515 ALTON AVE.  
2.4 CITY-ST-ZIP JAX., FL. 32211

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 8515 ALTON AVE.  
3.4 CITY-ST-ZIP JAX., FL. 32211

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 *Loren Cumbie* 4/22/98 204-725-7223

CR2E034 (10/97)