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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000060523

1. Corporation Name TWIN PALMS TRANSPORTATION, INC.

Principal Place of Business: 1225 TILTON ROAD, JENSEN BEACH FL 34952, US. Mailing Address: 1225 TILTON ROAD, PORT ST. LUCIE FL 34952, US.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 SAME. 2a. Mailing Address: 26 SAME. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 23 City & State 28 City & State. 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: 08/04/1995. 4. FEI Number: 65-0618768. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$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: STONEBRAKER, GERALDINE, 2141 N.E. 21ST AVE., JENSEN BEACH FL 34957, 1225 TILTON RD, PORT ST LUCIE FL

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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] (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 12 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP for Geraldine Stonebraker.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP for multiple entries.

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...

SIGNATURE: [Signature] 12-30-98

CR2E034 (1/98)