## 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

P96000005216 DOCUMENT #

MANNY'S TRANSPORT, INC. E. & H. Holdings, INC NC2/3/94

Mailing Address

2a. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

26

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2501-RIDGERARN-ROAD-BROOKSVILLE FL 94801

Suite, Apt. #, etc.

City & State

23

24

Zip

STREET ADDRESS

Principal Place of Business

2524 RIDGEDARN

3701 W. Lambright St AMDO, F/. 33614

5 me

30

DO NOT WRITE IN T	HIS SPACE
3. Date Incorporated or Qualified 01/17/1996	
4. FEI Number	Applied For
59-3358202	Not Applicable

Apr 22 1998 8:00am

Secretary of State

<u>59-3358202</u> 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 ☐ No Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GOLD, AARON J '704 WEST BAY STREET TAMPA FL 33606

25

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)

83 R4 City

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.

Country

A

**SIGNATURE** Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ Addition DELETE Change TITLE 1.1 TITU ESTRADA, MANUEL NAME 1.2 NAME 2521 RIDGEBARN ROAD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 1111 F TITLE HANKERSON, BRUCE L 2.2 NAME NAME **3701 W. LAMBRIGHT STREET** STREET ADORESS 2.3 STREET ADDRESS **TAMPA FL 33614** 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 City-ST-ZIP ODODO249674Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME -04/22/98--01075--009 5.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.4 CITY - ST - ZIP 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 occurate 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

**6.3 STREET ADDRESS**