

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

**FILED**

**Feb 03 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000012512 (5)**

1. Corporation Name  
**FULL CIRCLE TRANSPORT, INC.**

Principal Place of Business  
**4355 DRANE FIELD ROAD  
LAKELAND FL 33807**

Mailing Address  
**4355 DRANE FIELD ROAD  
LAKELAND FL 33811-1212**



3. Date Incorporated or Qualified  
**02/05/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **20 N ORANGE AVENUE**

22 City & State

27 **SUITE 200**

23 Zip

Country

28 **ORLANDO, FL**

24

25

29 **32801**

30 **U.S.A.**

4. FEI Number  
**59-3406626**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLYNE, JEFFREY A  
4355 DRANE FIELD ROAD  
LAKELAND FL 33807**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLYNE, JEFFREY A</b>	
STREET ADDRESS	<b>4355 DRANE FIELD ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33807</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HODGE, TOM</b>	
STREET ADDRESS	<b>4355 DRANE FIELD ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33807</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAVID H. HUGHES</b>	
1.3 STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
2.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>A STEWART HALL JR</b>	
2.3 STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
3.1 TITLE	<b>S/AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAY CLARK</b>	
3.3 STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>J STEPHEN ZEPF</b>	
4.3 STREET ADDRESS	<b>20 N ORANGE AVENUE SUITE 200</b>	
4.4 CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
5.1 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BENJAMIN P BUTTERFIELD</b>	
5.3 STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
5.4 CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:** *Jay Clark* **JAY CLARK**

**1/20/97 407-841-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)