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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000014453 (0)

MIKE'S	AUTO TRANSPORT, INC.						
Principal Place of Business Mailing Address					A EMBIRADOR MAD LIGHTIN OLINK BADJU ARKII	; 4011) 40161 14041 01811 01804 E	400 MM 10 <b>0</b> 1
3014 FOXHILL CIRCLE #101 APOPKA FL 32703			3044 FOXHILL CIRCLE #104 APOPKA FL 32703-4990				
					3. Date Incorporated or Qualifie	d 3a. Date of Last	Report
			·		02/12/1996		
	ace of Business	2a. Mailing Address	¬ ~		4. FEI Number		
21]	H MA	26 Suita Act # atc	Suite, Apt. #, etc.		CO 75 Augus		lot Applicable
Su'te, Apt. #, etc 27		├ <del>~</del> ¬ `	<del>"</del>		5. Certificate of Status Desired Fee Required		
City & State		City & State		<del></del>	6. Election Campaign Financing		) May Be
23	28				Trust Fund Contribution		
Zer	Country Zip		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		s. 199.032,
24	25 29		30		Florida Statutes Yes No		
,	9. Name and Address of Curre	nt Registered Agent		41.46	10. Name and Address of New	Registered Agent	
	LEY, GARLA K		8	1 Name	THEY JAME	5 M .	ļ
	7 W STATE RD 434		) B	2 Street Addr	ess (P.O. Box Number is Not Accer	otable)	
LON	18WOOD FL 32779		<u>_</u>	301	44 FOXHILLC	irche # 1	04
			8	3		•	ļ
			a	4 City A	n al- a		Code
					8081= N	FL 3	2703
11. Pursuant to office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stati	02 and 607,1508, Florida 3 e of Florida. Such change	statutes, the abo was authorized	ve-named corp by the corporat	poration submits this statement for the	ie purpose of changing cept the appointment a	its registered   s registered
agent. Lar	n familiar with, and accept the offic	gation of Section 607.050	5, Florida Statut	es.	200	• • •	
SIGNATURE		eley	(NOTE: Registered	fames	M Killey	2-24-97	
S	OFFICERS AND DIRECTORS (NOTE		(NOTE: Hogistered	gent signature requir	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	BS IN 12
1 1 LF	D	DELET			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	
NAME	RILEY, JAMES M		12 NAM	E		•	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	3044 FOXHILL CIRCLE #104			ET ADDRESS			4
CHY-ST-7IP	APOPKA FL 32703		1.4 CITY	-ST-ZIP			
10116		DELET				☐ Change	Addition
NAME			22 NAM	E			
STREET ADORESS			2.3 STRE	ET ADDRESS			
CDY-\$1-7-P			2 4 City	-ST-ZIP			
101.0		☐ DELE1	E 31 TITLI			☐ Change	Addition
NAME			3.2 NAM	E			Ì
STREET ADDRESS			3.3 STRE	ET ADDRESS			
Criting St. 7/P				-ST-ZIP		- H.	4 3 350
THILE		DELET				Change	L Addition
NAME 070111 45000490			4. 2 NAN			,	
STREET ADDRESS			1	ET ADDRESS			1
CITY ST-ZiF TiTuE		☐ DELET	4.4 City E 5.1 Titus	<del></del>		Change	Addition
NAME		First Deres	5.1 TRU	- 1		C Suange	
NAME STREET ADDRESS				et address			ŀ
CHY St. ZIP			5.4 City				İ
Tille		☐ DELET				☐ Change	Addition
NAME			6.2 NAM	ſ			<u>,                                    </u>
STREET AUDRESS:				ET ADDRESS		•	7
CHTY - ST - ZIP			6.4 CITY	ŀ			
14. I do nereb	by certify that the information supplie	ed with this filing does not	qualify for the ex	cemption stated	d in Section 119.07(3)(i), Florida Stat	utes. I further certify that	it the
Lani an of		or the receiver or trustee el	npowered to ex-		my signature shall have the same I rt as required by Chapter 607, Floric		

**FILED** 

Apr 29 1997 8:00am

Secretary of State