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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000035488**1. Corporation Name

STREET ADDRESS

SIGNATURE:

PRONTO TRANSPORTATION, INC.

Principal Place of Business Mailing Address			4 INDITION IS IS IN INCIDENTIAL POINT OF STATE O	B. 195 B. 186 B. 186 B. 186 B. 186 B.	
·		8111 OLD KINGS RD SOUTH			
B111 OLD KINGS RD SOUTH JACKSONVILLE FL 32207		JACKSONVILLE FL.32207			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	ĺ
				04/23/1996	.,
2. Principal Pi	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-3378094	Not Applicable
Suite, Apt:	#, etc	Suite, Apt. #, etc	-	5. Certificate of Status Desired	8.75 Additional
22		27		0. 40. 	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country		Country	8. This corporation owes the current year Intangi	
24 32		29 322// 30	_ 	1 Craonar roporty rax.	Yes No
r	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Age	mt -
MITH MICHAEL M			81 Name		ĺ
MUTH, MICHAEL M			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · ·
8111 OLD KINGS RD SOUTH					
JACKOSNVILLE FL 32297		83			
			84 City	F. 8	5 Zip Code
				FL	3221/
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	e above-named corpored by the comporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	nging its registered
agent. I a	m familiar with, and accept the obligat	ions of Section 607.0505, Forida S	atutes.	~ V D - 1 L	11 /00
SIGNATURE FILELI				1 W/L TRESIDENT	4126144
0.010110112	Signature, typed or printed name of registered agent		ered Agent signature required		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS ANI		3.	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
TITLE	OP		1 TITLE	L	Change (1) Addition
NAME	MUTH, MICHAEL M	1.	2 NAME		
STREET ADDRESS	2651 LOOPRIDGE DR	1.	3 STREET ADDRESS		ĺ
CITY-ST-ZIP	ORANGE PARK FL 32065		4 CITY-ST-ZIP		A
TITLE	VP	☐ DELETE 2.	1 TITLE	L	Change
NAME	Norris, Brian Keith	2.3	2 NAME]
STREET ADDRESS	3428 REMLER DR	2.	3 STREET ADDRESS		1
CITY-ST-ZIP	JACKSONVILLE FL 32223		4 CITY-ST-ZIP		
TITLE		☐ DÉLÉTE 3.	1 TITLE		Change
NAME		3.	2 NAME		
STREET ADDRESS		3.	3 STREET ADDRESS		
CITY-ST-ZIP		3.	4. CITY-ST-ZIP		
TITLE		☐ DELETE 4.	1 TITLE		Change
NAME		4.	2 NAME		
STREET ADDRESS			1		
		4.	3 STREET ADDRESS		
L CUV-ST-74P					
CITY-ST-ZIP		. 4,	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		Change Addition
TITLE			4 CITY-ST-ZIP		Change
TITLE NAME		DELETE 5.	4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE 5. 5. 5.	4 C(TY-ST-ZIP 1 TITLE 2 NAME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4. DELETE 5. 5. 5. 5.	4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		
TITLE NAME STREET ADDRESS		4. DELETE 5. 5. 5. C. DELETE 6.	4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 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, with all other like empowered.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90104 042 ***150.00

