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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9600060081 (2)

STARLITE TRANSPORTATION CORP.

Principal Place	e of Business	Mailing Address	•				
GROVELAND F	L 34738	GROVELAND FL 34738-961	17				
					3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report	
,	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	# =1=	26			59-3393198	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	······································		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
LΖiρ	Country	Zip	Count	ry	8. This corporation has hability for	intangible tax under s. 199.032,	
24	25	29	30			Yes No	
A A11 A	9. Name and Address of Cur	rent Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
	.er, stephen e 17 c r 33						
	VELAND FL 34736		8	2 Street	Address (P.O. Box Number is Not Acceptate	ole)	
			8	3			
			8	4 City		85 Zip Code	
	•			1 '			
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.							
agent. la	m familiar with, and accept the ob	ligations of, Section 607.0505, Fi	orida Statut	es.	peration o social of amoctors, thereby according	primo appeniment de registere	
SIGNATURE	Signature, typed or printed name of registered	accept and the standard service TNO	ti Booldored A	most obvioti s	e required when reinstating)	DATE	
12.		AND DIRECTORS	13.	Bern aid ionae	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE 11'				Change Addition	
NAME	STRIBER, GERALD J		1.2 NAME				
STREET ADDRESS	ss 24901 PINE HILL		1.3 STREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY - S1 - ZIP				
TITLE	STRIBER, JEAN M	☐ DELETE	2 1 TITEE			☐ Change ☐ Addition	
NAME	24901 PINE HILL		2 2 NAM				
STREET ADDRESS	LEESBURG FL 34748			ET ADDRESS			
CITY-S1-ZIP TITLE	D D	DELETE	2 4 GHY 3 1 THU	- S1 - Z IP	**	Change Addition	
NAME	MILLER, STEPHEN E		3 2 NAM				
STREET ADDRESS	19317 CR 33			ET ADDRESS			
CITY-ST-ZIP	GROVELAND FL 34736		3 4. CITY	- S1 - ZIP			
TITLE			4 1 1171.6			Change Addition	
NAME	MILLER, LINDA S		. 4 2 NAI				
STREET ADDRESS	19317 CR 33		4.3 STRE				
CITY-ST-ZIP	GROVELAND FL 34736	DELETE	4 4 CITY		<u> </u>	Charas L Addr-	
TITLE		☐ DELETE	5 1 1(1).6			☐ Change ☐ Addition	
NAME CTOCCT ADDDCCC			5.2 NAM				
STREET ADORESS CITY-ST-ZIP			5.3 STRE 5.4 CITY	F1 ADDRESS			
TITLE		DELETE	611016	***************************************		☐ Change ☐ Addition	
NAME			6.2 NAM			_ • _ · · ·	
STREET ADDRESS				E1 ADDRESS			

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 charged, or on an affactment with in address.