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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

A REALIENC LIE RENO CHAN CARRESTO AND CONTRACTOR CONTRA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060214 (9)

KING LOUIE'S AUTO TRANSPORT, INC.

Principal Place of Business Mailing Address]	3 immtimat tin iffind minit natie amitr untr	1 8 8116 85711 88111	1 mai tent	A BIEL 1981	
12023 VERMILLION WAY 12023 VERMILLION WAY RIVERVIEW FL 33569 RIVERVIEW FL 33569-410			3							
					-	3. Date Incorporated or Qualified	3a. Date o	of Last R	eport	
						07/16/1996	<i>.</i>	Δ		
2. Principa	at Place of Business	2a. Mailing Address				4. FEI Number	-		oplied For	
21		26				59-3397128		No	ot Applicable	
· '	pt. #, etc	Suite Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional	
22 City & S	Pato	City & State	City & State			Fee Required				
23		 	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s. 199 032,				
24	25	the state of the s				Florida Statutes Yes No				
	9. Name and Address of Cur		1331		1	ID. Name and Address of New Re				
C	CURRY, CLIFTON C JR.		81	Nan	ie	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7	50 WEST LUMSDEN ROAD		82	Stre	et Address	t Address (P.O. Box Number is Not Acceptable)				
B	RANDON FL 33511		83							
			63							
			84	City			FL 8	5 Zip (Code	
11. Pursua	ant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the above	-name	ed corpora	ation submits this statement for the p	urpose of chr	anging it	is registered	
office of agent.	or registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607,0505, Fl	authorized by orida Statute:	the c	orporation	's board of directors. I hereby accep	it the appoint	ment as	registered	
SIGNATUR		3								
SIGNATOR	Signature: typed or printed name of registered	agent and title if applicable (NOT	E. Registered Age	ni signa	ure required v		DATE	***************************************		
12.		AND DIRECTORS	13.		.,.,	ADDITIONS/CHANGES TO OFFIC				
TITLE	D D	☐ DELETE	1.1 TITLE			cector_	L	Change	Addition	
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CITY - \$1 - ZIP	RIVERVIEW FL 33569	El oriere	1.4 CITY - S	T-ZIP	151	ricklew, FL 3350	<u>6 Y</u>		ISA same	
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7111.5		☐ DELETE	3.1 TITLE		Y '	4 Masident TR	لــا	Change	Addition	
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CITY - S1 - ZIP		I priete	3.4. CITY-	T-ZIP	<u> </u>	arview, Fl 985		Charac	K2 (aunts)	
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C-TY-ST-7/P		□ bo eve	5.4 CITY-S	T-ZIP	⊢ ⊀	IVEVIEW, FL.		Charre	A single and a sin	
TITLE	j	☐ DELETE	6.1 TITLE			•	اسا	Change	Addition	
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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.

4-11-97

(813)677-1018

SIGNATURE: