PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065114

Corporation Name

DEBORD TRANSPORTATION, INC.

Principal	Place of	of Bu	siness

Mailing Address

## FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90129 038 \*\*\*158.75



73 BAY WEST NEIGHBORS CIRCLE 273 BAY WEST NEIGHBORS CIRCLE ORLANDO FL 32835 ORLANDO FL 32835			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
		1 2 2 1 11 1 1 1 1			08/05/1996	1 1 4	-tied Fan	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3402321			oplied For ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				1-4	<del></del>	Additional
22		27			5. Certifcate of Status Desired	X	Fee R	equired
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution			May Be- to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	This corporation owes the current     Personal Property Tax.		☐ Yes	□No
	9. Name and Address of C	urrent Registered Agent		.1	10. Name and Address of New I	Registered	l Agent	
DER	חפת פתחאבי		8	1 Name				
DEBORD, RODNEY 273 BAY WEST NEIGHBORS CIRCLE ORLANDO FL 32835		_	82 Street Address (P.O. Box Number is Not Acceptable)					
ORL	MINDO LE 25022		8	3				
			8-	4 City	e specificación de la companya de la	V 61	85 Zip	Code
SIGNATURE	Signature, typed or printed name of register		E: Registered Ag		required when reinstating)	DATE	ND DIDEOT	,
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12 ☐ Addition
TITLE	d Debord, rodney	[] DECE IE	1.1 TITLE				L_1 onange	- Addition
NAME STREET ADDRESS	273 BAY WEST NEIGHBO	RS CIRCLE	1.2 NAME	: Et address				,
CITY-ST-ZIP	ORLANDO FL 32835	NO OWNOLL	1.4 CITY-					
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME	:				
STREET ADDRESS			2.3 STRE	ET ADDRESS				ľ
CITY-ST-ZIP			2. 4 CITY			<del></del> -	☐ Change	□ Addison
TITLE		☐ DELETE	3.1 TITLE		_		Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			3.4. CITY					)
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NAME			4, 2 NAM	Ē				ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			4.4 CITY-				Lul Cr	- A delicio -
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CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME				•	
STREET ADDRESS			6.3 STRE	ET ADDRESS				
			1					i

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.

SIGNATURE:

SNATURE AND THEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/34/99

407-701-6936

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