

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065298 (7)

1. Corporation Name

D & L FIRST COAST FREIGHT, INC.

Principal Place of Business

2121 CORPORATE SQUARE STE. 221
JACKSONVILLE FL 32216

Mailing Address

2121 CORPORATE SQUARE STE. 221
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3392977

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1644 N PEARL STREET

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL 32206

Zip

24 32206

Country

25 USA

2a. Mailing Address

26 1644 N PEARL STREET

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL 32206

Zip

29 32206

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, J. SARAH
10 KINGFISH AVE.
PONTE VEDRA BEACH FL 32082-2025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME DONAHOE, DON C
STREET ADDRESS 4608 RAMONA BLVD
CITY-ST-ZIP JACKSONVILLE FL 32205

☐ DELETE

TITLE D
NAME LEVITAN, ELENI D
STREET ADDRESS 7717 KINGSVIEW LN N
CITY-ST-ZIP MAPLE GROVE MN 55311

☐ DELETE

TITLE D
NAME LEVITAN, LANCE C
STREET ADDRESS 7717 KINGSVIEW LN N
CITY-ST-ZIP MAPLE GROVE MN 55311

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

DON C DONAHOE PRES (204) 665-0000

CR2E034 (10/97)