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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000086946 (6)

1. Corporation Name

FIVE STAR TRANSPORT, INC.



Principal Place of Business

109 N SCENIC HWY  
FROSTPROOF FL 33843

Mailing Address

109 N SCENIC HWY  
FROSTPROOF FL 33843-2117

3. Date Incorporated or Qualified

10/21/1996

3a. Date of Last Report

FIRST

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3405252

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

SULLIVAN, LARRY  
109 N SCENIC HWY  
FROSTPROOF FL 33843

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 607.012 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SULLIVAN, LARRY  
STREET ADDRESS 109 N SCENIC HWY  
CITY - ST - ZIP FROSTPROOF FL 33843

TITLE D ☐ DELETE

NAME SULLIVAN, MARTIN  
STREET ADDRESS 109 N SCENIC HWY  
CITY - ST - ZIP FROSTPROOF FL 33843

TITLE D ☐ DELETE

NAME SULLIVAN, JOHN  
STREET ADDRESS 109 N SCENIC HWY  
CITY - ST - ZIP FROSTPROOF FL 33843

TITLE D ☐ DELETE

NAME SULLIVAN, MATTHEW JR.  
STREET ADDRESS 109 N SCENIC HWY  
CITY - ST - ZIP FROSTPROOF FL 33843

TITLE D ☐ DELETE

NAME SCARBOROUGH, BEN  
STREET ADDRESS 109 N SCENIC HWY  
CITY - ST - ZIP FROSTPROOF FL 33843

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE:

*Larry Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY SULLIVAN 2/10/97 941 635-2593  
Date Daytime Phone

CR2E034 (9/96)