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**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000091026 (0)

R D K TRANSPORT, INC.

## **FILED** May 04 1998 8:00am Secretary of State



| Principal Place      | e of Business                                  | Mailing Addres                        | Mailing Address    |                     |           |                   |   |                |                                       |
|----------------------|--|---------------------------------------|--------------------|---------------------|-----------|-------------------|---|----------------|---------------------------------------|
| 5318 NW 38T          |  |                                       | 5318 NW 38TH PL.   |                     |           |                   |   |                |                                       |
| GAINESVILLE          | FL 32606                                       | GAINESVILLE                           | FL 32006           |                     |           |                   | DO NOT WRITE IN 3   | HIS SPACE      |                                       |
|                      |  |                                       |                    |                     |           | '                 | 3. Date Incorporated or Qualified   |                | · · · · · · · · · · · · · · · · · · · |
|                      |  |                                       |                    |                     |           |                   | 11/04/1996  |                |                                       |
| 2. Principal Pl      | ace of Business                                | 2a, Mailing Add                       | dress              |                     |           | <del></del>       | 4. FEI Number   |                | Applied For                           |
| 21                   |  | 26                                    |                    |                     |           |                   | 59-3411929  |                | Not Applicable                        |
| Suite, Apt.          | #, etc   | Suite, Apt.                           | #, etc.            |                     |           |                   |   | \$8.           | 75 Additional                         |
| 22                   |  | · · · · · · · · · · · · · · · · · · · | 27                 |                     |           |                   | 5. Certificate of Status Desired  |                | ee Required                           |
| City & State         | )  | City & State                          | )                  |                     |           |                   | 6. Election Campaign Financing  | \$5            | .00 May Be                            |
| 23                   |  | 28                                    |                    |                     |           |                   | Trust Fund Contribution   |                | Ided to Fees                          |
| Zip                  | Country  | Zip                                   | (                  | Country             | ,         |                   | 8. This corporation owes or has paid th   | ~~~~           |                                       |
| 24                   | 25   | 29                                    | 30                 |                     |           |                   | Personal Property Tax due June 30.  | Yes            | □ No                                  |
|                      | 9. Name and Address of Cur                     |                                       |                    |                     |           |                   | 10. Name and Address of New Registe   | ered Agent     |                                       |
| KIM                  | IERLING, RICHARD D                             |                                       |                    | 81                  | N         | ame               |   |                |                                       |
|                      | 8 NW 38TH PL.                                  |                                       |                    | 82                  | اج:       | root Addro        | ss (P.O. Box Number is Not Acceptable)  |                |                                       |
|                      | NESVILLE FL 32606                              |                                       |                    | 02                  | ) 31      | Jeet Agores       | ss (F.O. Box Number is Not Acceptable)  |                |                                       |
|                      |  |                                       |                    | 83                  |           |                   | · · · · · · · · · · · · · · · · · · ·   |                | <del></del>                           |
|                      |  |                                       |                    |                     |           |                   |   |                |                                       |
|                      |  |                                       |                    | 84                  | Ci        | ity               |   | FL  85         | Zip Code                              |
| 11 Pursuant t        | a the provisions of Sections 607 (             | 1502 and 607 1508. Flo                | rida Statutes, the | abov                | l<br>e-na | med corno         |   |                | ing its registered                    |
| office or re         | agistered agent, or both, in the Sta           | ate of Florida, Such cha              | inge was author    | zed by              | y the     | corporatio        | ration submits this statement for the purpoon's board of directors. I hereby accept the | appointme      | nt as registered                      |
| agent I ar           | m ramiliar with, and accept the ob             | ligations of, Section 60              | 7.0505, Florida S  | statutes            | S.        |                   |   |                |                                       |
| SIGNATURE .          | Signalure, typed or printed name of registered | and and the Manufactus                | AIOTE Pagie        | ternal Ana          |           |                   | d when reinslating) (0)   | ATÉ            |                                       |
| 12.                  |  | AND DIRECTORS                         |                    | 3.                  | es a sil  | Jilatore required | ADDITIONS/CHANGES TO OFFICERS   |                | CTORS IN 12                           |
| TITLE                | D  |                                       |                    | 1 TITLE             |           | $\overline{}$     | 7,00711011070707070   | Ch             |                                       |
| NAME                 | KIMERLING, RICHARD D                           |                                       |                    | 2 NAME              |           |                   |   | —              |                                       |
| STREET ADDRESS       | 5318 NW 38TH PL.                               |                                       |                    | 3 STREET            | ADD       | occe.             |   |                |                                       |
|                      | GAINESVILLE FL 32606                           |                                       |                    |                     |           |                   |   |                |                                       |
| CITY-ST-ZIP<br>TITLE | OF WILD FREE I E DEGOD                         |                                       |                    | 4 CITY-5<br>1 TITLE | ) I - ZIP |                   | , . , . , . ,   | Ch             | nge Addition                          |
| 1                    |  | L 1                                   |                    |                     |           |                   |   | On             | ange                                  |
| NAME                 |  |                                       |                    | 2 NAME              |           |                   |   |                |                                       |
| STREET ADDRESS       |  |                                       | 1                  | 3 STREET            |           |                   |   |                |                                       |
| CITY - ST - ZIP      |  |                                       |                    | 4 CITY-             | ST-ZI     | <u> </u>          |   | ☐ Ch:          | nne Addition                          |
| THILE                |  | ا ب                                   |                    | 1 TITLE             |           |                   |   |                | ויטוויטטא ( אמווייו                   |
| NAME                 |  |                                       | _                  | 2 NAME              |           | İ                 |   |                |                                       |
| STREET ADDRESS       |  |                                       | -                  | 3 STREET            |           |                   |   |                |                                       |
| CITY - ST - ZIP      | _  |                                       |                    | 4. CITY~S           | ST- 2(1   | <u> </u>          |   |                | F-1 64 65                             |
| TITLE                |  | ا لــا                                | 1                  | 1 TITLE             |           | [                 |   | ∐ Cha          | ange Addition                         |
| NAME                 |  |                                       | [ 4                | 2 NAME              |           |                   |   |                |                                       |
| STREET ADDRESS       |  |                                       | <b>[</b> ] 4.      | 3 STREET            | ADDF      | ress              |   |                |                                       |
| CITY-ST-ZIP          |  |                                       |                    | 4 CITY - S          | T-ZIP     | ,                 |   |                |                                       |
| TITLE                |  | <u> </u>                              | DELETE 5.          | 1 TITLE             |           |                   |   | Chi            | ange 🔲 Addition                       |
| NAME                 |  |                                       | 5.                 | 2 NAME              |           |                   |   |                |                                       |
| STREET ADDRESS       |  |                                       | 5                  | 3 STREET            | ADDE      | ress              |   |                |                                       |
| CITY-ST-ZIP          |  |                                       | 5.                 | 4 CHY-S             | ST - ZIP  | ,                 |   |                |                                       |
| TITLE                |  |                                       |                    | 1 TITLE             |           |                   |   | ☐ Ch           | ange Addition                         |
| NAME                 |  |                                       | 6.                 | 2 NAME              |           |                   |   |                |                                       |
| STREET ADDRESS       |  |                                       |                    | 3 STREET            | ADD:      | RESS              |   |                |                                       |
| CITY-ST-ZIP          |  |                                       |                    | 4 City-S            |           | ł                 |   |                |                                       |
|                      | ertify that the information supplied           | with this filing dogs no              |                    |                     |           |                   | ection 119 07(3)(i) Florida Statutes I furth  | er certify tha | at the information                    |

indicated on this annual report or suppliemental 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 atlachment with an address.

352-371-0240