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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1, Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20 1998 8:00am Secretary of State

DOCUMENT # P9700008958 (5) JAGUAR EXPRESS AUTO TRANSPORT, INC. Principal Place of Business Mailing Address 3975 SCENIC DR 3975 SCENIC DR MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CLANCE, WAYNE D 4751 SAN JUAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2 83 JACKSONVILLE FL 32210 84 City Zip Code 85 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change DELETE Addition TITLE 1.1 TITLE CAMPLA, GARY NAME 12 NAME 3975 SCENIC DR STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 21 T/JLF EBRAHIMI, KAMYAR NAME 2.2 NAME 3975 SCENIC DR STREET ADDRESS 2.3 STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 STITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 10000243726**1**0 -02/23/98--01019--011 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. Thereby 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!

www.

Mir. Manses 1/28/18 291-2209