

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000135801**
Filing Name

TRANSPORT SERVICE, INC.

Place of Business
Mailing Address
WEST PALM BEACH FL 33414
642 IVY DR
WEST PALM BEACH FL 33414
US

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 032 ***550.00



DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 02/11/1997 | |
| 4. FEI Number 65-0729883 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 | |

9. Name and Address of Current Registered Agent
TRAVERN, JOEL T ESQ.
4 NORTHEAST FOURTH AVE.
WEST PALM BEACH FL 33483

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| <input type="checkbox"/> DELETE D SNOW, SANDRA 842 IVY DR WEST PALM BEACH FL 33414 | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 364 SW 7TH TERRACE BUCARATON FL 33486 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I 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 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 on Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

9/2/99 5616200870

CR2E034 (5/99)