

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

CUMENT # P97000016597

orporation Name
M. & L. TRANSPORT, INC.

al Place of Business

COND STREET
ITY FL 33868

Mailing Address

RALPH HUNT
706 SECOND ST
POLK CITY FL 33868



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number -

59-3448399

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

incipal Place of Business

2a. Mailing Address

e, Apt. #, etc.

26 Suite, Apt. #, etc.

& State

27 City & State

Country

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, RALPH
706 SECOND STREET
POLK CITY FL 33868

81 Name

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

83

84 City

FL

85 Zip Code

uant 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
ce 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
nt. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SURE

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

DRESS
P
HUNT, RALPH
706 SECOND STREET
POLK CITY FL 33868

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

DRESS
S
HUNT, LUCILLA
706 SECOND STREET
POLK CITY FL 33868

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

DRESS
V
HUNT, MYRON
706 SECOND STREET
POLK CITY FL 33868

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

DRESS

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

DRESS

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

DRESS

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

by 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
ated 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
r 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
12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)