## May 03, 1999 8:00 am Secretary of State

05-03-1999 90012 048 \*\*\*150.00

## 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** 

DOCUMENT #	P970000212	98
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Corporation Name

Principal Place of Business Malling Address 2420 RDCKWELL LAME MELBOURNE FL 3201  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 30,707/1997  2. Principal Place of Business 2a. Malling Address 2b. Malling Address 2c. City & State 2c. Ci	D. M. PH	IILLIPS TRANSPORT, INC.										
MELBOURNE FL 32901  MELBOURNE FL 32901  DO NOT WRITE IN THIS SPACE  3. Data Incorporated or Qualified O3/07/1997  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  59-3438595  Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  2a. Tust Fund Contribution  9. Name and Address of Current Registered Agent  VAN CATTERTON, A. J.R.  1990 WEST NEW HAVEN AVE., STE. 104  MELBOURNE FL 32904  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 67 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 67 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 67 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 697 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 697 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of, Section 697 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The purpos	Principal Place	of Business	Mail	ing Address					1 (201(20) (10 101) 100) 100)	,201 ,,0.0	*********	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For							DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc.  Social State  City & State  VAN CATTERTON, A. JR.  1990 WEST NEW HAVEN AVE., STE. 104  MELBOURNE FL 32904  83  Street Address (P.O. Box Number is Not Acceptable)  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  Signatura, typed or private name of registered agent agent and stee if applicable.  (NOTE: Requised Agent agentar required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PHILLIPS, D. M.  37. STREET ADDRESS  CITY-ST-ZP  DELETE  21 TITLE  DELETE  21 TITLE  Change  Addition  Addition  Addition  Addition  Change  Addition  Additi									03/07/1997			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   Fee Required	2. Principal Pl	ace of Business	2a. I	Mailing Address				4.		L	<u> </u>	
27   State   City & Ci	21	· ·	26	<u>.</u>					<u>59-3438595</u>			
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   City	Suite, Apt. 1	#, etc.	<u> </u>	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			
Zip Country Zip Country	City & State	3	<b>├</b> ¬	City & State				6.	, • - [ ]	,		, ,
9. Name and Address of Current Registered Agent  VAN CATTERTON, A. JR. 1990 WEST NEW HAVEN AVE., STE. 104 MELBOURNE FL 32904  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 607.0502 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, and aminiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligation of 7.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered office or registered agent. Jam familiar with, and accept the obligation of 7.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered office or registered agent. Jam familiar with, and accept the obligation of 7.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. Jam familiar with, and accept the obligation of 7.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. Jam familiar with, and accept the obligation of 7.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is re		Country						8.				
VAN CATTERTON, A. JR. 1990 WEST NEW HAVEN AVE., STE. 104 MELBOURNE FL 32904  82 Street Address (P.O. Box Number is Not Acceptable)  83	24	25	29		30			۰ـــــــــــــــــــــــــــــــــــــ		<del></del> .		∐No
VAN CATTERTON, A. JR. 1990 WEST NEW HAVEN AVE., STE. 104 MELBOURNE FL 32904  82 Street Address (P.O. Box Number is Not Acceptable)  83		9. Name and Address of Curre	ent Registe	red Agent				10.	Name and Address of New Registered	Agent		
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 if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PHILLIPS, D. M.  STREET ADDRESS  CITY-ST-ZIP  PALM BAY FL 32907  14. CITY-ST-ZIP  DELETE  2.1 TITLE  Change Addition Addition  Change Addition  Addition	1990 WEST NEW HAVEN AVE., STE. 104			Į.								
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 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 agent amount and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  Change  Addition  Addition  NAME  PHILLIPS, D. M.  876 REMSEA/AVE  PALM BAY FL 32907  14. CITY-ST-ZIP  TITLE  Change  Addition  Change  Addition  Change  Addition							City			85	Zip Cr	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 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 if applicable.		•					,					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinistating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PHILLIPS, D. M.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  PALM BAY FL 32907  14. CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  1.5 TITLE  1.6 Change  Addition  Addition  Change  Addition  Change  Addition  Addition	office or re	acietered agent or both in the Stat	e of Florida	Such change was au	thorized	DV I	ine corporat	poration ion's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoin	changin ntment a	g its regi	egistered stered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PHILLIPS, D. M.  876 REMSEA/AVE  1.3 STREET ADDRESS  CITY-ST-ZIP  PALM BAY FL 32907  14 CITY-ST-ZIP  15 TITLE  NAME  5TREET ADDRESS  CITY-ST-ZIP  17 TITLE  18 TITLE  19 TITLE  10 DELETE  21 TITLE  22 NAME  5TREET ADDRESS  CITY-ST-ZIP  23 STREET ADDRESS  CITY-ST-ZIP  14 CITY-ST-ZIP  15 TITLE  16 TITLE  17 TITLE  18 TITLE  19 TITLE  10 DELETE  24 CITY-ST-ZIP  14 CITY-ST-ZIP	SIGNATURE								DATE			
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NAME PHILLIPS, D. M. 1.2 NAME  STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 14 CITY-ST-ZIP			MD DIREC						ADDITIONS/CHANGES TO OFFICERS AND			
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Change C Addition	-	* : <b>-</b>		* <del>*</del>					•	•		1
	TITLE			☐ DELETE						Cha	nge	Addition

6.4 CITY+ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY-ST-ZIP

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3.4. CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

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6.1 TITLE

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DELETE

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SIGNATURE:

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