

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000028577 (9)**

1. Corporation Name

CONCH KEY'S TRANSPORTATION, INC.

Principal Place of Business

**273 E. CONE ROAD
ORMOND BEACH FL 32174**

Mailing Address

**273 E. CONE ROAD
ORMOND BEACH FL 32174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 246 Mohawk St.		26 SAME		03/28/1997	
22 Suite, Apt., etc. Residence		27 Suite, Apt., etc. SAME		4. FEI Number 59-3446083	
23 City & State Tavernier FL		28 City & State Tavernier FL		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
24 Zip 33070		29 Zip 33070		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country MOOROE		30 Country MOOROE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GREGG, MARK H ESQ. 99101 OVERSEAS HIGHWAY KEY LARGO FL 33037				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. 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	NAME	1.1 TITLE	1.2 NAME
	D BRADSHAW, MICHAEL		
STREET ADDRESS	273 E. CONE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
	D BRADSHAW, KIM	2.1 TITLE	
STREET ADDRESS	273 E. CONE ROAD	2.2 NAME	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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; that I am 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 in an attachment with an address.

SIGNATURE:

Mike S. Bradshaw

Mike S. BRADSHAW

2-28-98

305-852 4552

CR2E034 (10/97)