Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90084 049 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000037548

1. Corporation Name

GRIM'S TRANSPORT, INC.

|   |  |        | •                         |   |   |             |               |  |
|---|--|--------|---------------------------|---|---|-------------|---------------|--|
| Principal Place of Business Mailing Address   |  |        |                           |   |   | <u> </u>    | 801 7041 1891 |  |
| 2032 29TH AVE WEST 2032 29TH AVE WEST   |  |        |                           |   |   |             |               |  |
| BRADENTON FL 34205 BRADENTON FL 34205   |  |        |                           |   |   |             |               |  |
|   |  |        |                           |   | DO NOT WRITE IN THIS SPACE                      |             |               |  |
|   |  |        |                           |   | 3. Date Incorporated or Qualifed                |             |               |  |
|   |  |        |                           |   | 04/25/1997<br>4. FEI Number                     |             | liad Fau      |  |
| _ ·   | 2. Principal Place of Business 2a. Mailing Address |        |                           |   | 1 ***   | <u> </u>    | lied For      |  |
| 21 26   |  |        |                           |   | <u>59-3452378</u>                               | \$8.75 Ad   | Applicable    |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |  |        |                           |   | 5. Certificate of Status Desired                | Fee Req     | <b>I</b>      |  |
| City & State City & State   |  |        | •                         |   | 6. Election Campaign Financing                  | - \$5.00 №  | ,             |  |
| 23 28   |  |        |                           |   | Trust Fund Contribution                         | Added to    | Fees          |  |
| Zip   | Country Zip Cou                                    |        |                           | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No                  |   |             |               |  |
| 9. Name and Address of Current Registered Agent   |  |        |                           |   | 10. Name and Address of New Regis               | tered Agent |               |  |
| GRIM, WALTER  |  |        |                           | Name  |   |             |               |  |
|   |  |        |                           | Chance Ad   | eet Address (P.O. Box Number is Not Acceptable) |             |               |  |
| 4207 100TH AVE. E.  |  |        | 82                        | Street Au   | Idless (P.O. Box Number is Not Acceptable)      |             |               |  |
| PARRISH FL 34219  |  |        | 83                        |   |   |             |               |  |
|   |  |        | -                         | 011   |   | 85 Zip Co   |               |  |
|   |  |        |                           | 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   |  |        |                           | red Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |             |               |  |
| 12.   |  |        | 13.                       |   | ADDITIONS/CHANGES TO OFFICE                     | Change      | Addition      |  |
| TITLE   | _ ===  |        | 1.1 TITLE                 |   |   | Onlango     |               |  |
| NAME  | Citati, 177 ETET                                   |        | 1.2 NAME                  |   |   |             |               |  |
| STREET ADDRESS  |  |        |                           | TADDRESS  |   |             |               |  |
| CITY-\$T-ZIP  |  |        |                           | T-ZIP   |   | ☐ Change    | Addition      |  |
| TITLE   |  |        | 2.1 TITLE                 |   |   |             |               |  |
| NAME  |  |        | 2.2 NAME                  |   |   |             |               |  |
| STREET ADDRESS  |  |        |                           | T ADDRESS   |   | •           |               |  |
| CITY-ST-ZIP   |  | DELETE | 2.4 CiTY-5<br>3.1 TITLE   | SF-ZIP  | <del></del>                                     | ☐ Change    | Addition      |  |
| TITLE   |  |        | 3.2 NAME                  | د - <b>سن</b> د ر   | يسين المحاجب المحاجب                            |             |               |  |
| NAME  |  |        | 3.3 STREE                 | T ADDOCCE   |   |             |               |  |
| STREET ADDRESS  |  |        | ŀ                         |   |   |             |               |  |
| CITY-ST-ZIP   |  |        | 3.4. CITY- 8<br>4.1 TITLE | 11-2112   |   | ["] Change  | Addition      |  |
| TITLE<br>NAME   |  |        | 4. 2 NAME                 |   |   |             | _             |  |
|   |  |        |                           | TADORESS  |   |             |               |  |
| STREET ADDRESS  |  |        |                           | ]   |   |             |               |  |
| [] an ere   |  |        | 4.4 CITY-S<br>5.1 TITLE   | 1-417   |   | ☐ Change    | Addition      |  |
| TITLE   |  |        | J., (11C2                 | ŀ   |   |             | [             |  |

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 suppliemental 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition