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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000039749 (1)

SUREFIRE TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

315 WADSWORTH AVENUE BEVERLY HILLS FL 34465

SIGNATURE:

315 WADSWORTH AVENUE BEVERLY HILLS FL 34465

## **FILED** Jan 16 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

				05/05/1997			
	lace of Business	2a. Mailing Address	با ا ،	4. FEI Number Applied For			
27 488	O N Kenilworth		<u>enilworth</u>	59 - 3444068 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22 701100	<u> </u>	27 TELLOCA		Fee Required			
City & State	1	City & State	. i a	6. Election Campaign Financing \$5.00 May Be			
23 Hessa	ndo FIA	28 Hernando F	-1 <u>A</u>	Trust Fund Contribution			
Zip Country Zip Cour				8. This corporation owes or has paid the current year Intangible			
24 3444	12 25 Citrus		o Citrus	Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent				
SU	Sommers Taxia						
319	5 WADSWORTH AVENUE		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
BEVERLY HILL FL 34465				4880 N Kenilworth Terracy			
			83				
			84 City	HENNANGO			
		FL 85 Zip Code 3 444 2					
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 r	egistered agent, or both, in the State	e of Florida. Such change was aut	thorized by the corp	poration's board of directors. I hereby accept the appointment as registered			
			da Statutes.	: . M On			
SIGNATURE	Tonia Summe Signature, typed or printed name of registered as		D	re required when refristating) DATE			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	DELETE	1.1 TITLE	Pirsidet Addition			
NAME			1.2 NAME	Tonia summers			
	Tonia Summers	la marca		4880 N Kenil worth Terrace			
STREET ADDRESS	4860 N Kenilwort		1.3 STREET ADDRESS	4880 0 1700000000000000000000000000000000			
CITY-ST-ZIP	Hernando, Fl	3 4442 ☐ DELETE	1.4 CITY-ST-ZIP	Hernando FI 34442			
TITLE		DELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	Change L Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4,1 TITLE	Change  Addition			
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14 I hereby o	ertify that the information supplied v	with this filing does not qualify for	the exemption state	I ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information			
Indicated	on this annual report or supplement	al annual report is true and accur-	ate and that my sig	gnature shall have the same legal effect as if made under oath: that I am an			
officer or director of the corporation of 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.							

RESUIRED