## 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 # **P97000039749**1. Corporation Name

SUREFIRE TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4880 N KENILWORTH TERRACE	4880 N KENILWORTH TERRACE HERNANDO FL 34442

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90007 017 \*\*\*150.00



Principal Place	o of Business	Mailing Address				( 1001100+111				
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880 N KENILWORTH TERRACE IERNANDO FL 34442		HERNANDO FL 34442	,.							
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					]	3. Date Incorpora		lifed		
						05/05/1997	<b></b>		· · · · · · · · · · · · · · · · · · ·	
	lace of Business	2a. Mailing Address				4. FEI Number				pplied For
	Zephyr Street	26 405 ZIPA	yr			59-3444068	<u> </u>	~ . *.		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of St	tatus Desir	ed 🗆		Additional tequired
2						A 51-46- Oxyg	-! Finan	-1		
City & State  City & State  City & State  Thverness, Florida 28 Invenes			, Florida _			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
3 <u>レカリ</u> Zip	Country	Zip Zip	Cou			8. This corporation		current year		101000
344		29 34450 30		, کر	ļ	Personal Prop		current year	¥ Yes	□No
1 2 14	9. Name and Address of Current		<u>'</u>		1	10. Name and Ad		lew Register	<u>-</u>	
				81 Name	<u>~</u> .	-V - 11	0:	1 ]		
SUM	imers, tonia			92 011		PKresh	N C	naro		
4880	N KENILWORTH TERRACE			82 Street	Addres	s (P.O. Box Numbe	H IS INOT AC	captable)		
HER	NANDO FL 34442			83		Oi	-10	1		
				7	05	zefhyr	5+1	<b>(</b>		Code
						e11155		F		Code 445 O
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the a	have named	COLDOL	ation submits this e	tatement fo	r the numose	of changing it	s registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	orized	by the corp	oration'	's board of directors	. I hereby	accept the ap	pointment as r	egistered
	im familiar with, and accorpt the obligation	A ( (	a Stati	art.	/			1-	30-94	,
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	//(C gistered	Agent signature	required w	hen reinstating)		DATE	30-99	
12.	OFFICERS AND		13.			ADDITIONS/CH	ANGES T	OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	<b>₩</b> DELETÉ	1.1 TI	TLE	Pre	esident			X Change	☐ Addition
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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.

SIGNATURE: