

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90023 018 ***150.00

DOCUMENT # P97000045062

1. Corporation Name

PANTHER TRANSPORTATION SERVICES, INC.

Principal Place of Business

P O BOX 639
POLK CITY FL 33868
US

Mailing Address

P O BOX 639
POLK CITY FL 33868
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number
59-3446703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 NIA-BUSINESS NO LONGER
Suite, Apt. #, etc. OPERATES

26 4406 S. FLORIDA AVE
Suite, Apt. #, etc.

City & State

23

City & State

28 LAKELAND, FL

Zip

Country

24

Zip

Country

29 33813

30 POLK

9. Name and Address of Current Registered Agent

SOKOLSKI, THOMAS J
4406 S FLORIDA AVE
SUITE 31
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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

T.J. SOKOLSKI

DATE

3/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
TURNER, DONALD D SR
STREET ADDRESS 1193 VARNADO ROAD
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ DELETE

NAME D
HIGGINS, DOUGLAS E
STREET ADDRESS 1113 WATERFALL LANE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ DELETE

NAME D
SOKOLSKI, THOMAS J
STREET ADDRESS 111 WEST CHRISTINA BLVD.
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TURNER, DONALD D SR
1.3 STREET ADDRESS 230 POLK CITY RD.
1.4 CITY-ST-ZIP AUBURNDALE, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME HIGGINS, DOUGLAS E.
2.3 STREET ADDRESS 1211 LAKEPOINT DRIVE
2.4 CITY-ST-ZIP LAKELAND, FL 33813

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

T.J. SOKOLSKI

3/19/99

941-647-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)