

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90148 039 \*\*\*158.75

DOCUMENT # P97000050205

1. Corporation Name

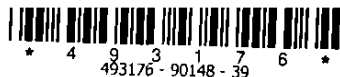
INDIGO TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

~~366 PINEVIEW DR.~~  
~~VENICE, FL 34293~~  
~~2400 OIL WELL RD.~~  
~~NAPLES, FL 34120~~

~~SAME~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-JUN-97

2. Principal Place of Business

2a. Mailing Address

21 366 PINEVIEW DR.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3454232

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

23 City & State  
VENICE, FL

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip Country

34293

25 USA

29 Zip Country

30

Country

8. This corporation owes the current year intangible  
Personal Property Tax.

X Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name PAUL NIEVABER

82 Street Address (P.O. Box Number is Not Acceptable)

366 PINEVIEW DR.

83

84 City VENICE

FL

85 Zip Code 34293

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

PAUL NIEVABER, SEC/TREAS.

Paul Nievaber

4-19-99

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 D, P  
NAME MARY SANTIAGO  
STREET ADDRESS 2400 OIL WELL RD.  
CITY-ST-ZIP NAPLES, FL 34120  
☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME MARIA T. DIAZ  
STREET ADDRESS 2400 OIL WELL RD.  
CITY-ST-ZIP NAPLES, FL 34120  
☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D, P  
NAME THOMAS J. RITZMANN  
STREET ADDRESS 1371 PONDICIA RD.  
CITY-ST-ZIP VENICE, FL 34293  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D, S, T  
NAME PAUL NIEVABER  
STREET ADDRESS 366 PINEVIEW DR.  
CITY-ST-ZIP VENICE, FL 34293  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME DENNIS PHILLIPS  
STREET ADDRESS 5810 NEVILLE TR.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33981  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

PAUL NIEVABER, SEC/TREAS.

4-19-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)