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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra & Morth@m

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062328 (4)

	BROCK TRANSPORTATION	INC. Mailing Address			
•					
10130 STEVENS DR. 10130 STEVENS DR. POLK CITY FL 33968 POLK CITY FL 33968					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a. Mailing Address			07/18/1997 4. FEI Number Applied For
21		26			59 - 3420/64 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SS 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
—¬ ^{Zip}	Country	Ζφ	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Current		30		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
		ueflistoian wildill	8	1 Name	
BROCK, JERRY 10130 STEVENS DR. POLK CITY FL 33868			Ľ		
			8	2 Street	Address (P.O. Box Number is Not Acceptable)
			8	83	
			8	4 City	FL 85 Zip Code
SIGNATURE	Signature, typed or protect name of registered ages	OCK Land the if applicable (NOTE	Registered A		d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered 4.27-98 e required when renstating) OATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WILLIAM J. BROCK	☐ DEFEIR	1.1 TITLE		OWNER - OPERATOR Change Addition William J. Brock
NAME OTREET ADDRESS	10130 Steven Drive		1.2 NAME		10130 Steven Drive
				T ADDRESS	
CITY-ST-ZIP TITLE	POLK City, Fla. 33868 BOOKKEEPER	DELETE	1.4 CITY 2.1 TITLE		POK City, Fla. 33468 Bookkeeper
NAME	LINDA G. BEOCK	C >2000.1	2.1 HICE		LI'NDA G. BROCK
STREET ADDRESS	10130 Steven Drive			T ADDRESS	10130 Steven Drive
CITY-ST-ZIP	POLK City Fla. 33868	,	2. 4 CITY		POLK City, Flo. 33868
TITLE	1	DELETE	3.1 TITLE	J. E.	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREI	T ADDRESS	
CITY-ST-ZIP	<u> </u>		3 4. CITY	- ST - ZIP	
TITLE	}	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS	1		4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE	İ	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS)		5.3 STRES	T 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

☐ DELETE

manager 2 / il : > 1 Parcel

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

11-22-00

0.4 004 380

FILED

May 22 1998 8:00am

Secretary of State