

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  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90044 012 \*\*\*150.00

DOCUMENT # P97000071576

1. Corporation Name  
MCS TRANSPORT, INC.

Principal Place of Business  
651 SHILOH TERRACE  
DAVIE FL 33325

Mailing Address  
651 SHILOH TERRACE  
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0773723

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

21 P.O. BOX 417  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 417  
Suite, Apt. #, etc.

22 City & State

23 SPARR, FLORIDA

24 Zip 32192 Country USA

27 City & State

28 SPARR, FLORIDA

29 Zip 32192 Country 0417

9. Name and Address of Current Registered Agent

BAKER, WILLIAM  
651 SHILOH TERRACE  
DAVIE FL 33325

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

D ☐ DELETE  
NAME BAKER, WILLIAM  
STREET ADDRESS 651 SHILOH TERRACE  
CITY-ST-ZIP DAVIE FL 33325

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS BAKER, WILLIAM  
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME BAKER, CHRISTINE  
2.3 STREET ADDRESS p.o. BOX 417  
2.4 CITY-ST-ZIP

3.1 TITLE SPARR, FL 32192-0417 ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE PHYSICAL ADDRESS FOR ☐ Change ☐ Addition  
4.2 NAME WILLIAM & CHRISTINE  
4.3 STREET ADDRESS (DO NOT USE)  
4.4 CITY-ST-ZIP

5.1 TITLE 13765 NE 38TH AVE. ☐ Change ☐ Addition  
5.2 NAME SPARR, FL 32192  
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)

0306770