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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000073381 (0)

FAST LANE TRANSPORTATION, INC.

FILED May 19 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2625 TULIP TREE CIRCLE 2625 TULIP TREE CIRCLE SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Brown, Kenneth L 2625 TULIP TREE CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 SEFFNER FL 33584 83 City Zip Code 85 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) IZE034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 1/11/6 TITLE BROWN, KENNETH L NAME 1.2 NAME 2625 TULIP TREE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE SECKITMAY Change Addition 21 THILE TITLE TWOSTALL TANICE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP 14. I hereby certify that indicated on this an

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 at 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 exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in changed, or on a attagriment with an address. officer or director of