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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ..

Secretary of State ...

DIVISION OF CORPORATIONS

DOCUMENT #

Feb 11 1998 8:00am Secretary of State

POWE	on Name LL TRANSPO		NC.		7 1				
422 N MAIN ST 422 N MAIN ST									
CRESTVIEW FL 32536 CRESTVIEW FL 32536							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 08/25/1997	OUTIOE	
2. Principal F	Place of Business		2a. Mailing Address				4. FEI Number	I IA	pplied For
21			26				59-3469566		ot Applicable
Suite, Apt	. #, etc		h	Suite. Apt #, etc.			5. Certificate of Status Desired		Additional lequired
City & Stat	to			City & State			6. Election Campaign Financing) May Be
23		,	28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		to Fees
Zip 24	25	Country	Zφ	-	Country 30		8. This corporation owes or has paid the o		
29		29 urrent Registered Age		s01		Personal Property Tax due June 30. 10. Name and Address of New Registers		_] No	
POWELL, GILLIS E SR						Name			
422 N MAIN ST					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CRESTVIEW FL 32536					83				
					84	City		. 85 Zip	Code
						-	F		
office or agent. La	registered agent, am familiar with, a	or both, in the S nd accept the c	State of Florida, Such clobligations of, Section 6	hange was au 607.0505, Ftori	thorized by	e-named cor y the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	or changing i ppointment as	its registered registered
	Signiture, typed or prin		есі аделісавої Мені арректавіс	(NOTE: I		ent signature requ	ulred when reinstating} DATE		
12.	T DP			13.		ADDITIONS/CHANGES TO OFFICERS A			
	NAME POWELL, DIXIE D			☐ DELETE 1		İ		L Change	Addition
STREET ADDRESS 422 N MAIN ST						ADDRESS			
CITY-ST-ZIP CRESTVIEW FL 32536				1.3 STREET ADDRES: 1.4 CITY-ST-ZIP					
TITLE	DV			DELETE 21 TITLE		,, ,,,		Change	Addition
NAME	POWELL, G				2.2 NAME			•	
STREET ADDRESS	422 N MAIN		2.3 STREET	ADDRESS			•		
CITY-ST-ZIP	CRESTVIEW			2.4 CITY-	ST-ZIP				
TITLE	DV DV	NC A4	L	☐ DELETE				Change	☐ Addition
NAME	AND BUREAU OF				3.2 NAME				ł
STREET ADDRESS	CITY-ST-ZIP CRESTVIEW FL 32538				3.3 STREET	1			
TITLE	DST	72 02000		DELETE	3.4. CITY - : 4.1 TITLE	ST-ZIP		Change	Addition
NAME	POWELL GI	LLIS E SR		Dettere	4.7 IIILE 4 2 NAME			□ CHANGE	L Addition
STREET ADDRESS	422 N MAIN	ST		4.3 STREET		ADDRESS			
CITY-ST-ZIP	CRESTVIEW			4.4 CHY-S					
TITLE				DELETE	5.1 TITLE			Change	☐ Addition
NAME					5.2 NAME			•	
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY-S	T-ZIP			
TITLE				DELETE	6.1 TITLE			Change	☐ Addition
NAME					6.2 NAME				
STREET ADDRESS 6.					6.3 STREET	ADDRESS			
CITY-ST-ZIP	l				64 CITY-S	T-7IP			I

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employees 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 or a plattachment with an addition.