

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Moynihan**  
Secretary of State  
DIVISION OF CORPORATIONS

**R & D TRANSPORT, INC.**

Mailing Address

1357 S HANKIN RD  
BARTOW FL 33830

**2a. Mailing Address**

26	Suite, Apt. #, etc
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27 \_\_\_\_\_  
City & State

28	Zip	Country
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3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

Applied For	
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Not Applicable
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### 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

☒ Yes      ☐ No

10. Name and Address of New Registered Agent

<b>81</b>	<b>Name</b>
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Street Address (P.O. Box Number is Not Acceptable)

8:

City

**FILE**

<b>85</b>	<b>Zip Code</b>
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**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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, if an attachment with an address.

**SIGNATURE:**

~~Pat. A. Plenners~~ - Patricia A. Plenners 2-10-98 91-537-1789

**CP2E034 (10/97)**