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 # P97000076535 (8)

4-D TRANSPORTATION, INCORPORATED

FILED
May 06 1998 8:00am
Secretary of State

Principal Place of Business 3506 S.E. 17TH PLACE CAPE CORAL FL 83904	Mailing Address 1500 COLONIAL BLVD. SUITE 103 FORT MYERS FL 33907		DO NOT WRITE IN THIS \$	
2. Principal Place of Business	2a. Mailing Address		09/02/1997 4. FEI Number	Applied For
21	26 270 Dal Pac	ado blud	59-3478026	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional
22	27 2-138		5. Certificate of Status Desired	Fee Required
I Citv & State	City & State	FL	6. Election Campaign Financing	\$5.00 May Be
23 County	28 24 16 6014	Country	Trust Fund Contribution	Added to Fees
Zip Country 25	29 33904 3	- /	B. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intandible Yes No
9. Name and Address of Current		<u></u>	10. Name and Address of New Registered A	
MILLIGAN, JOHN P JR.		81 Name	THANK D' PACKURE	
1500 COLONIAL BLVD.			ess, (P.O. Box Mumber is Not Acceptable)	
SUITE 103		<u> </u>	06 SE 17th PL	
FORT MYERS FL 33907		63		
		84 City		85 Zip Code
	1007 4100 51 11 0	LAP	E CORAL FL	33904
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both. The State of	and 607.3508, Florida Statutes f Florida, Such chan ge wa s au	, the above-named corp thorized by the corporati	oration submits this statement for the purpose of i on's board of directors. I hereby accept the appo	changing its registered introduced in
office or registered agent, or both. 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 the accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or critic Linance of registered agent	and te if applicable (NOTE I	Registered Agent signature require	ed wheri reinstating) DATE	<u> </u>
12. OF LICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TIFLE D	DELETE	1.1 TITCE		Change Addition
NAME DIPASQULE, ANTHONY		1.2 NAME		;
STREET ADDRESS 3506 S.E. 17TH PLACE		1.3 STREET ADDRESS		ļ.
CITY-ST-ZIP CAPE CORAL FL 33904		1.4 CITY-ST-ZIP		
TITLE D	DELETE	21 TITLE	1	Change Addition 9
NAME DIPASQULE, PHILIP		22 NAME	** **	
STREET ADDRESS 3506 S.E. 17TH PLACE CITY-ST-ZIP CAPE CORAL FL 33904		2 3 STREET ADDRESS		
CITY-ST-ZIP CAPE CORAL FL 33904	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	and occur	32 NAME	•	comme
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME +		
STREET ADDRESS		4.9 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE	M -	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Channe Addres-
TITLE	☐ DELETE	6.1 TITLE	·	Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further cer	tify that the information

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attrictment with an address.

4-27-85

941-579-7666