Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90060 025 ***150.00

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

DOCUMENT # P97000093237

1, Corporation Name

NAME

STREET ADDRESS

G & G TRANSPORT SERVICES, INC.

Principal Place of Business Mailing Address			 	•			FILE I BIPP 11111	14898	1411 (884 188)	
315 NE 8TH AVE OCALA FL 34470						DO NOT WRITE IN T	JIS SPACE	:		
						3. Date Incorporated or Qualifed	113 37 702			
						11/01/1997			ŀ	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21					59-3486043	Not Applicable				
	e, Apt. #, etc. 26 Suite, Apt. #, etc.					5. Certificate of Status Desired	e of Status Desired □ \$8.75 Additional			
22	1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Fee Required				
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	Counti			Trust Fund Contribution		100	rees	
Zip	Country	Zip	30	y		This corporation owes the current year Personal Property Tax.	Intangible Yes		XINo	
24	9. Name and Address of Curi	29 Agent	30			10. Name and Address of New Register		— <i>-</i>	T	
	5. Name and Address of Curr	one registered Agent	8	1 Na	me					
NED	ELISKY, DARYL		8	2 04-	A alal	ess (P.O. Box Number is Not Acceptable)				
1650 NW 38TH AVE				2 Street Addr		ess (P.O. pox Number is Not Acceptable)				
OCA	LA FL 34482		8	3						
			8	4 Cit			. 85	Zip Co	ode	
					•	pration submits this statement for the purpose	* L.			
agent. I a SIGNATURE	m familiar with, and accept the obl				ture required	when reinstating) DATE				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE .	D	. DELETE	1.1 TITLE		İ		☐ Cha	inge	☐ Addition	
NAME	RAMEY, VERNAL E		1.2 NAME							
STREET ADORESS	315 NE 8TH AVE		1.3 STRE		ESS					
CITY-ST-ZIP	OCALA FL 34470 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			ST-ZIP	 -		☐ Cha	ange —	Addition	
TITLE	RAMEY, GLENDIA D	[_] 0 [[[[]	2.1 TITLE 2.2 NAME		1			J -		
NAME STREET ADDRESS	315 NE 8TH AVE		2.3 STRE		ESS					
CITY-ST-ZIP	OCALA FL 34470		2.4 C/TY							
TITLE	OUNDATE CONTO	DELETE	3.1 TITLE		_		Cha	ınge	☐ Addition	
NAME			3.2 NAM	Ē		2.7 68 %				
STREET ADDRESS	•		3.3 STRE	ET ADDR	ESS	2				
CITY-ST-ZIP			3.4. C/TY	-ST-ZIP		*:				
TITLE		☐ DELETE	4.1 TITLE				□ Ch	ange	Addition	
NAME		1,	4.2 NAM	E	7	,				
STREET ADDRESS		(4	4.3 STRE		ESS	•				
CITY-ST-ZIP		El priete	4.4 CITY-		 -		Chi	anne -	- Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAMI				11.11	. (- Futural	
NAME			5.3 STRE		FSS	一一一位"强",是澳洲	1,304	1	1 115	
STREET ADDRESS	Transfer to the Carlo	45 · · · · · · · · · · · · · · · · · · ·	5.4 CITY							
CITY-ST-ZIP	L	a A. N. State □ DELETE	6.1 TITLE				Chi	ange	Addition	
COLLEGE	1 77 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	, , , , , , , , , , , , , , , , , , ,	-				_	-		

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: