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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000093541

B.C.B. TRANSPORTATION SERVICES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90076 019 ***150.00



Principal Place	of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,				••••	
331 STERLING LAKE DRIVE		P.O. BOX 760									
OCOEE FL 34761		OCOEE FL 34761				DO NOT WRITE IN THIS SPACE					
					-	3. Date Incorporate					l
					1	10/30/1997					
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For	
	ace of business	26				59-3487633				t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	_						\$8.75		
22	m, oto.	27				5. Certifcate of Sta	tus Desired	J	Fee Re		
City & State		City & State				6. Election Campa	ion Financino _		\$5.00	May Be	382
23		28			ļ	Trust Fund Contribution Added to Fees					ĺ
Zip	Country	Zip	Coi	untry		8. This corporation	owes the current	ear Inta	ngible		
24	25	29	30			Personal Proper	ty Tax.		☐Yes	□No	
	9. Name and Address of Curren	t Registered Agent			1	10. Name and Add	ress of New Regi	stered A	gent		
<u> </u>				81 Nam	ne					-	{
BROWN, BOBBY E			82			reet Address (P.O. Box Number is Not Acceptable)					
331 STERLING LAKE DRIVE					et Address	(1 .O. DOX Nambor	io Not Acceptable,	_			
000	DEE FL 34761			83							
				04 64					85 Zip (`ode	
	•			84 City				FL	185 ZIP	,00 0	Ì
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	above-name	ed corporat	tion submits this sta	tement for the purp	ose of o	hanging its	registered	1
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was :	authorize	d by the co	orporation's	board of directors.	I hereby accept the	e appoin	iment as re	jisterea	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOT	E. Registera	d Agent signatu	ire required who	en reinstatinn)		DATE			_
12.		ID DIRECTORS	13.		no redones and		NGES TO OFFICE		DIRECTO	RS IN 12	ğ
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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.

E Brown

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