

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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # P97000094039 (9)

1. Corporation Name
C.E. & D. TRANSPORT, INC.



Principal Place of Business Mailing Address
P O BOX 5869 SUN CITY CENTER FL 33571-5869
P O BOX 5869 SUN CITY CENTER FL 33571-5869

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2009 - 14th Ave.S.E. 26 Post Office Box 1793
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ruskin, Florida 28 Ruskin, Florida
Zip Country Zip Country
24 33570 25 U.S.A. 29 33570 30 U.S.A.

3. Date Incorporated or Qualified
11/01/1997
4. FEI Number Applied For
59-3482078 Not Applicable
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

9. Name and Address of Current Registered Agent
PYLE, TERRENCE F
707 DEL WEBB BLVD
SUN CITY CENTER FL 33571-5869

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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, and accept the obligations of, Section 607.0505, Florida Statutes.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PYLE, TERRENCE F	1.2 NAME	DENNEY, Charles E.
STREET ADDRESS	P O BOX 5869 N/A	1.3 STREET ADDRESS	Post Office Box 1793
CITY-ST-ZIP	SUN CITY CENTER FL 33571-5869	1.4 CITY-ST-ZIP	Ruskin, Florida 33570 N/A
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D S T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DENNEY, Donna J.
STREET ADDRESS		2.3 STREET ADDRESS	Post Office Box 1793 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D P Change Addition
1.2 NAME DENNEY, Charles E.
1.3 STREET ADDRESS Post Office Box 1793
1.4 CITY-ST-ZIP Ruskin, Florida 33570 N/A
2.1 TITLE D S T Change Addition
2.2 NAME DENNEY, Donna J.
2.3 STREET ADDRESS Post Office Box 1793 N/A
2.4 CITY-ST-ZIP Ruskin, Florida 33570
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 on an attachment with an address.

CR2E034 (10/97)

Dep. \$150.00