May 10, 1999 8:00 am Secretary of State

05-10-1999 90290 032 ***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 # P97000095010

1. Corporation Name

EXECUTIVE SERVICE TRANSPORT INC.

Principal Place of Business Mailing Address					
2119 ROSELAND AVE 2119 ROSELAND AVE					
SEBRING FL 33	870-4760	SEBRING FL 33870-4760	SEBRING FL 33870-4760		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					11/05/1997
Principal Place of Business 2a. Mailing Address			_		4. FEI Number Applied For
	26	ing Address		-31 1575074 65-08 13931 Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
28				Trust Fund Contribution Added to Fees	
Zip			Country		8. This corporation owes the current year Intangiple
24	25	29	0		Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
				Name	9
SILLS, EDGAR L JR			82	Street	t Address (P.O. Box Number is Not Acceptable)
2119 ROSELAND AVE				0551	
SEBRING FL 33870-4760			83		
			84	City	85 Zip Code
				,	FL
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, and or printed name of registered agent the title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Signature, yes or printed name of registered agent of title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				tt aigititiore i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/T/S	DELETE	1.1 TITLE		P/T/S Change Maddition
NAME	SILLS, EDGAR L JR		1,2 NAME		
STREET ADDRESS	4921 LAKEWOOD RD		1.3 STREET		s
CITY-ST-ZIP	CERDING EL 20070		14 CITY-S		
TITLE			2.1 TITLE	<u> </u>	Change Addition
NAME	SILLS, CLARA		2.2 NAME		
STREET ADDRESS	A440 POCELAND AVE		2.3 STREE	TADORESS	s
CITY-ST-ZIP	CERRING EL 22070		2, 4 CfTY-S	ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	TADDRESS	s
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME	•		4, 2 NAME		
STREET ADDRESS	•		4.3 STREET	ADDRESS	s
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
MANAT			52 NAME		

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 adjects, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Addition

Change