

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 035 ***150.00

DOCUMENT # P97000099219

1. Entity Name
MCCOLGIN SPECIALIZED TRANSPORTATION, INC.



Principal Place of Business
4998 S W 120TH AVENUE
COOPER CITY, FL 33330

Mailing Address
4998 S W 120TH AVENUE
COOPER CITY, FL 33330

94074898



2. Principal Place of Business

PO Box 3145
Suite, Apt. #, etc.
Dunnellon FL

3. Mailing Address

PO Box 3145
Suite, Apt. #, etc.
Dunnellon

04202004 Chg-P CR2E034 (10/03)

City & State

34430

City & State

FL

4. FEI Number

65-0797477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLGIN, KATHLEEN
4998 S W 120TH AVENUE
COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

Name
D'Arville + Co. Inc.
Street Address (P.O. Box Number is Not Acceptable)
19120 E. Pennsylvania Ave. Ste. C
Dunnellon FL 34432
City
FL Zip Code
34432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda L. D'Arville Brenda L. D'Arville 4/29/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCCOLGIN, MACK L**
STREET ADDRESS **4998 S W 120TH AVENUE**
CITY-ST-ZIP **COOPER CITY, FL 33330**

TITLE **D** ☒ Delete
NAME **MCCOLGIN, KATHLEEN L**
STREET ADDRESS **4998 S W 120TH AVENUE**
CITY-ST-ZIP **COOPER CITY, FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9150 SW 197th Cir.**
CITY-ST-ZIP **Dunnellon, FL 34432-2636**

TITLE ☐ Change ☒ Addition
NAME **Linda Winston-McColgin**
STREET ADDRESS **9150 SW 197th Cir.**
CITY-ST-ZIP **Dunnellon, FL 34432-2636**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Linda Winston-McColgin M C Colgin 4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #