

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90015 002 \*\*\*150.00

**DOCUMENT #** P98000007212

1. Corporation Name

**D. AND R. TRANSPORT, INC.**

**347 S. ORANGE AVE.**

**ARCADIA, FLORIDA 34266**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 **347 S. ORANGE AVE**

26 **347 S. ORANGE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ARCADIA, FLORIDA**

27 **ARCADIA, FLORIDA**

City & State

City & State

23 **ARCADIA, FLORIDA**

28 **ARCADIA, FLORIDA**

Zip

Country

Zip

Country

24 **34266** 25 **DESOTO**

29 **34266** 30 **DESOTO**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROOSEVELT S. ISAAC**

**347 S. ORANGE AVE.**

**ARCADIA, FLORIDA 34266**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

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 Roosevelt S. Isaac

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

(NOTE: Registered Agent signature required when reinstating)

5-25-99

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **PRESIDENT** ☐ DELETE

NAME **RANDY S. CRITES**

STREET ADDRESS **1587 SW MARIPOSA ST.**

CITY-ST-ZIP **ARCADIA, FLORIDA 34266**

TITLE **VICE PRESIDENT** ☐ DELETE

NAME **ROOSEVELT S. ISAAC**

STREET ADDRESS **347 S. ORANGE AVE.**

CITY-ST-ZIP **ARCADIA, FLORIDA 34266**

TITLE **SECRETARY** ☐ DELETE

NAME **DONNA BUCHANON**

STREET ADDRESS **1587 SW MARIPOSA ST.**

CITY-ST-ZIP **ARCADIA, FLORIDA 34266**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Randy S. Crites PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-99

Date

1-941-494-5677

Daytime Phone #

CR2E034 (11/98)