


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90029 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000014226**

1. Corporation Name

**TRANSPORTATION BY EXCEL, INC.**

Principal Place of Business

4527 ARNOLD AVENUE  
NAPLES FL 33942

Mailing Address

4527 ARNOLD AVENUE  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

65-0472044

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4627 Arnold Ave Ste #5  
Suite, Apt. #, etc.

22 Naples, FL

City &amp; State

23 34104 Collier

Zip

Country

24

2a. Mailing Address

26 4627 Arnold Ave Ste #5  
Suite, Apt. #, etc.

27 Naples, FL

City &amp; State

28 34104 Collier

Zip

Country

29

9. Name and Address of Current Registered Agent

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA FL 33608

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED  
NAME HANKERSON, BRUCE L  
STREET ADDRESS 3701 WEST LAMBRIGHT STREET  
CITY-ST-ZIP TAMPA FL 33614TITLE ☐ DELETED  
NAME PEASE, BRYAN L.S.  
STREET ADDRESS 4527 ARNOLD AVENUE  
CITY-ST-ZIP NAPLES FL 33942TITLE ☐ DELETED  
NAME KMAK, KAREN L  
STREET ADDRESS 4527 ARNOLD AVENUE  
CITY-ST-ZIP NAPLES FL 33942TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/28/99

Date

941 261 5181

Daytime Phone

CR2E034 (11/98)