FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



Mailing Address

2a. Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90012 009 ***150.00

ANNUAL REPORT

DOCUMENT #	P980000 34624
Corporation Name	
JMH TR	ANSport, INC.

21789 144 St

Principal Place of Business

HU, BOX 3 22 Line Oak PC 32064

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

4. FEI Number

21		26				65-0832419	Nr.	ot Applicable
Suite, Apt. #, e	atc.	-	uite, Apt. #, etc.				\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & State			ity & State			6. Election Campaign Financing	\$5.00	May Be
23		28	·			Trust Fund Contribution	Added	to Fees
Zip	Country	Zi	p	Country		8. This corporation owes the current year in	ntangible	
24	25	29	3	0		Personal Property Tax.	Yes	No
9). Name and Address of Curre		ed Agent	<u> </u>		10. Name and Address of New Registered	i Agent	
				81	Name			
ODAN D	n. HANey			82	Stroot Adds	ess (P.O. Box Number is Not Acceptable)		
1000	14.4IV St			92	Street Addit	ess (F.O. Box Number Is Not Acceptable)		
21701	17.7-			83				
15 1. 6	AK, F1 320	1.0					lant 7	A- 4-
HIVE C	AL HISOU	60		84	City	FI	85 Zip	Code
	50 2	00	1509 Florida Statutes	the above	e-named com	oration submits this statement for the purpose of	of changing its	s registered
office or regis	tored agent or both in the Stati	a of Florida	Such change was aut	nonzea ov	the corporaut	on's board of directors. I hereby accept the appoint	ointment as re	egistered
agent. I am fa	amiliar with, and accept the oblig	ations of, Se	ection 607.0505, Florid	a Statutes		9.18	99	
SIGNATURE 🕢	an M Havels		Ohn III		ney_	d when reinstating) DATE		
	ature, typed or printed name of registered as		<u> </u>	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	\	ND DIRECT	□ DELETE	1.1 TITLE	-/	ADDITIONS OF THE COLUMN TO SEE	☐ Change	☐ Addition
	pes	4		1.2 NAME				
NAME J	THE MAN TAN	fr						
STREET ADDRESS	1)787 1442.	<u>ج</u> ہے۔		1.3 STREET				
CITY-ST-ZIP	ive OAK, F	1 32	DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE S	ecusi		- OELETE	2.1 TITLE	i		g-	_
NAME K	(in HANey)	10+		2.2 NAME				
STREET ADDRESS	1789 144	<u> </u>	^ - . .	2.3 STREET	TADDRESS			
CITY-ST-ZIP	Live DAK		32060	2. 4 CITY+S	ST-ZIP		Change	Addition
TITLE		,	☐ DELETE	3,1 TITLE				
NAME				3.2 NAME				
STREET ADDRESS			•	3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP			☐ Addition
TITLE			☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T- ZIP			
TITLE			☐ DELETE	5.1 TTTLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	T ADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-23P			

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:

BROWATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-99 (904) 362-232 Date Daylima Phone # R2E034 (11/9)

P98000034624 417425-90012-9

*September 14, 1999

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: FEI#65-0832419

To Whom it May Concern,

We apologize for the delay in filing. Our mailing address changed and we never received the Application for Reinstatement.

If there are any questions, please call Nettie Davis, Bookkeeper at (904)752-4576 or myself at (904)776-2933.

Thanking you in advance for your assistance in this matter.

Sincerely,

Kim Haney Secretary

KBH/abm

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