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 # P98000037236

1. Corporation Name

C & D TRANSPORT & DRIVE SERVICE, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90240 041 ***150.00



118 WEST ORA ALTAMONTE SP	NGE STREET PRINGS FL 32714	118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
						04/24/19		ii D Q			Į
2. Principal Pl				4. FEI Numbe			Ar	plied For			
2. Principal Place of Business 21 5959 Crescent Ridge Ct. 26 5959 Cres. Suite, Apt. #, etc. Suite, Apt. #, etc.				nt Kil	ra B	59 -	3506	585	No	ot Applicable	ŀ
Suite, Apt. #, etc. Suite, Apt. #, etc.				7		F. Contiferate			\$8.75	Additional	l
22 27						5. Certificate (f Status Desire		Fee Re	equired	j:-:
City & State Zin Country Zin Country Zin Zin Zin Zin Zin			FL			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
24 32810 25 USA 29 72810 3			Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes					ļ
	9. Name and Address of Current i		10. Name and	Address of No	w Registere	d Agent		ĺ			
AMEDII AMIVED					Don	ald 5	lane				
AMERILAWYER 343 ALMERIA AVENUE					t Addres		nber is Not Acc	eptable)	0 J		}
CORAL GABLES FL 33134				_ 5	95	7 Cres	cent K	idge (<u>゚゚゚゚</u>	 _	l
	AL GABLES I E 30104		l	83				0		i	ĺ
:			ł	84 City		ando		•	L 3	Code 2810	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	the ab	ove-name	d corpor	ration submits th	s statement for	the purpose	of changing its	registered	l
agent. I a	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	ns 4. Section 607.0505, Florid	a Statu	tes.	poration 	is board or direc	tors. I ficreby a	coept the app	10 AB	gistored	ł
SIGNATURE	Donald >	stone / /	Ona	11 5	tone	e.		<u> </u>	171-0x		ľ
İ	Signature, typed or printed name of registered agent a			Agent signatur	required v	when reinstating)	OUNDED TO	DATE	AND DIDECTO	DC IN 40	l
12.	OFFICERS AND	DELETE	13.		Υ	ADDITIONS	CHANGES TO	OFFICERS	Change	Addition	-
TITLE	PSTD STONE DONALD B	□ pctric	11 TITI 1.2 NAI					.		[_], (00(00))	l
NAME	STONE, DONALD R 118 WEST ORANGE STREET			_	. <9	ca Cre	scent A	endge (∄ .		1
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714	l		REET ADORES		159 Cre Hando	6.	728	10		ĺ
CITY-ST-ZIP	ALIAMONIE SPHINGS PE 327 14	DELETE	2.1 TIT	Y-ST-ZIP		riando	12		☐ Change	☐ Addition	l
			2.2 NA								ĺ
NAME				NC. REET ADDRES	,						ĺ
STREET ADDRESS			· ·	Y-ST-ZIP	1						ĺ
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIT		+			:	Change	☐ Addition	r
NAME			3.2 NA		-						1
STREET ADDRESS				REET ADDRES							^
CITY-ST-ZIP				Y-ST-ZIP	-						ł
TITLE		☐ DELETE	4.1 TITI		_				Change	Addition	
NAME			4, 2 NA		Ì					'	l
STREET ADDRESS			4 3 ST	REET ADDRES	s						l
CITY-ST-ZIP				Y-ST-ZIP						_	
TITLE		☐ DELETE	51 TIT						☐ Change	Addition	İ
NAME			5.2 NA	ΛE							
STREET ADDRESS			5.3 ST	KEET ADDRES	s					!	t
CITY-ST-ZIP			54 CIT	Y-ST-ZIP							l
TITLE		☐ DELETE	6.1 TH	.E					☐ Change	Addition	l
NAME			6.2 NAI	Æ							l
STREET ADDRESS			6.3 STI	REET ADDRES	5					•	l
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	_l _						l

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIG