


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90151 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000047213 1. Corporation Name PREMIERE TRANSPORTATION SERVICES, INC.		

Principal Place of Business 234 APOLLO BEACH BLVD. APOLLO BEACH FL 33572	Mailing Address 234 APOLLO BEACH BLVD. APOLLO BEACH FL 33572
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/27/1998	
4. FEI Number 59-3514377		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WHITE, JUDD 234 APOLLO BEACH BLVD. APOLLO BEACH FL 33572			10. Name and Address of New Registered Agent 81 Name Debra Wray 82 Street Address (P.O. Box Number is Not Acceptable) 744 Kingston Court 83 84 City Apollo Beach FL 85 Zip Code 33572		

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 Debra Wray (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>Secy</u> Debra Wray	1.2 NAME	1.2 NAME	
STREET ADDRESS <u>744 Kingston Court</u>	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP <u>Apollo Beach FL 33572</u>	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Pres</u> Judd White	2.2 NAME	2.2 NAME	
STREET ADDRESS <u>234 Apollo Beach Blvd</u>	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP <u>Apollo Beach FL 33572</u>	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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, on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Wray SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 813-641-9294
 Date Daytime Phone

CR2E034 (1/98)