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 # P98000051867

R & G AUTO TRANSPORT, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90101 010 ***150.00



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Principal Place of Business Mailing Address									
14832 KIMBERLY LANE FORT MYERS FL 33908		14832 KIMBERLY LANE FORT MYERS FL 33908				DO NOT WRI	TE IN THIS :	SPACE	
					-	Date Incorporated or Qualifed			
					3.	06/08/1998			
2. Principal Pl	ace of Business	2a. Mailing Address		·	4.	FEI Number		X.	Applied For
21		26			-			-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				O off a Court of Destinat		\$8.75	Additional
22	,	27			5.	Certifcate of Status Desired		Fee I	Required
City & State	e - · -	City & State			6.	Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country		8.	This corporation owes the curr	ent year Inta		
24	25	29 30	<u> </u>		l	Personal Property Tax.		☐ Yes	Ι Χ ίΝο
	9. Name and Address of Curren	t Registered Agent	-	Lu	10.	Name and Address of New I	Registered A	gent	
DDV/	ANT DODEDT C		81	Name		•			
BRYANT, ROBERT C			82	Street Ad	ddress (F	P.O. Box Number is Not Accepta	ble)		
14832 KIMBERLY LANE FORT MYERS FL 33908				-	_				
FUR	I MIENO FE 00800		83	}					
· 	•		84	City	-		FL	85 Zi	p Code
44 Duminut	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	 e-named.co	ornoratio	n submits this statement for the	numose of	hanging	its registered
l office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea dv	the corpora	ation's bo	oard of directors. I hereby acce	nt the appoir	tment as	registered
, ,	m ramiliar with, and accept the obliga	lions of, Section 607.0303, Florida	a Statutes					•	:
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re	gistered Age	nt signature requ	uired when i	reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	
TITLE	DP	☐ DELETE	1,1 TITLE					☐ Chang	e
NAME	BRYANT, ROBERT C		1.2 NAME						
STREET ADDRESS	14832 KIMBERLY LANE		1.3 STREE	TADORESS					
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-S	T-ZIP				_	
TITLE	ST	☐ DELETE	2.1 TITLE					Chang	e 🗌 Addition
NAME	BRYANT, GAIL C		2.2 NAME						
STREET ADDRESS	•		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33908			ST-ZIP			_		
TITLE			31 TITLE	-				☐ Chang	e Addition
NAME	, , , , , , , , , , , , , , , , , , ,		3.2 NAME						
STREET ADDRESS	3.38		3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Chang	e
NAME			4. 2 NAME	Í					
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			_		no [□] A.d.disi
TITLE		☐ DELETE	5.1 TITLE					Chang	je 🗀 Addition
NAME	·		5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	iT-ZIP			_	Chara	e Addition
TITLE .	ļ	☐ DELETE	6.1 TITLE					☐ Chang	le T. Vadiriou
NAME ·	·		6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS		•			

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: