


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000059759

1. Corporation Name
AMERICAN TRANSPORT CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 235 DIXON LAKE RD. OSTEEN FL 32764	Mailing Address P.O. BOX 225 OSTEEN FL 32764
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3. Date Incorporated or Qualified 07/06/1998
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 5963 Anno Ave	2a. Mailing Address 26 PO BOX 561107
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Orlando FL	28 City & State Orlando FL
24 Zip 32809 25 Country Orange	29 Zip 32856 30 Country Orange

9. Name and Address of Current Registered Agent

~~PILCHER JAN K
 235 DIXON LAKE RD.
 OSTEEN FL 32764~~

10. Name and Address of New Registered Agent

81 Name **Martha L. Bisplinghoff**
 82 Street Address (P.O. Box Number is Not Acceptable) **1221 N. PINE HILLS RD**
 83
 84 City **Orlando** FL 85 **32808**

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 *Martha L. Bisplinghoff* DATE **April 30 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	RD <input type="checkbox"/> DELETE
NAME	PILCHER, JAN K
STREET ADDRESS	235 DIXON LAKE RD.
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	D <input type="checkbox"/> DELETE
NAME	PILCHER, DOTTIE V
STREET ADDRESS	235 DIXON LAKE RD.
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D Martha L Bisplinghoff
1.3 STREET ADDRESS	1221 N. Pine Hills Rd.
1.4 CITY-ST-ZIP	Orlando FL, 32808
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martha L Bisplinghoff* **Martha L Bisplinghoff** April 30 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)