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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000062384**

1. Corporation Name

AMERICAN EAGLE TRANSPORT, INC.

Principal Place of Business	Mailing Address
10639 US HWY 301 SOUTH **HAMPTON, FLORIDA 32044**	**P.O. BOX 333** **STARKE, FLORIDA 32091**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated For Qualified
07/15/1998

4. FEI Number
59-3522047
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes **X** No

9. Name and Address of Current Registered Agent

WILLIAM K. GORDON
303 STATE ROAD 26
MELROSE, FLORIDA 32666

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: **WILLIAM K. GORDON** DATE: **4/29/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before processing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME **P D JOHNS, DEBRA B.** STREET ADDRESS **P.O. BOX 338** CITY-ST-ZIP **STARKE, FL 32091**	[ ] DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE S T NAME **JOHNS, WILLIAM GLENN** STREET ADDRESS **P.O. BOX 338** CITY-ST-ZIP **STARKE, FL 32091**	[ ] DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	[ ] Change [ ] Add

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****150.00 ****150.00

5-18-99

CR2E034 (11/98)

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: Debra B. Johns **DEBRA B. JOHNS** **4/29/99** **352-468-1934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number