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

**PROFIT**  CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT 1. Corporation Name

MCALPINE TRANSPORTATION & TOWING, INC.

WOALFINE	. Inangromanon u	Omna, mo					
Principal Place o	of Business	Mailing Address			( 1881 188 118 ( Bibl ) thin abilit \$ Birt   Barris and		
15021 JACKSON ROAD DELRAY BEACH FL 33484		15021 JACKSON ROAD DELRAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 07/15/1998	_	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 0759743		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7 Fe	
City & State	the second of the	City & State	~ .		6. Election Campaign Financing  Trust Fund Contribution	<b>\$5</b> .	
Zìp 24	Country 25	Zip 29 3	Country 30		This corporation owes the current year Intan     Personal Property Tax.	gible ∐Yes	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Ag	gent	
15021	PINE, DARREN JACKSON ROAD NY BEACH FL 33484		81 82 83	Name Street A	ddress (P.O. Box Number is Not Acceptable)		
•	, 3		84	City	FL	85	
office or rea	detered agent or both in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by	the corpor	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	nangin ment a	
SIGNATURE _	Ignature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	Registered Agel	nt signature rec	quired when reinstating) OATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	
T		PER PLANTAGE TO BETTE	14 707 5			☐ Cha	

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90280 030 \*\*\*150.00



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Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

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ī	25		30			Personal Property Tax.	☐ Yes	<b>⊠</b> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name			,	
MCA	lpine, darren		ļ	92	Stront A	Address (P.O. Roy Number is Not Acceptable)			
15021 JACKSON ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
		·		84	City		FL	Code	
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Florn familiar with, and accept the obligations	orida. Such change was	authorized	l by t	ne corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent and t	the if applicable (NO)	E: Registered	Agent	signature re		ATE	- <del></del>	
12.	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12	
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AME	MCALPINE, DARREN				ADDRESS			ļ	
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CITY-ST-ZIP	DELRAY BEACH FL 33484	☐ DELETE		TY-ST	- <u>ZIP</u>		Change	Addition	
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CITY-ST-ZIP			2.4 C		T-ZIP		[7] Ob	ETT A delition	
TITLE		☐ DELETE	3.1 TT	TLE			Change	☐ Addition	
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	} <sup>-</sup>		6.2 N/	AME	ł	<u> </u>			
NAME			1		ADDRESS				
STREET ADDRESS	1								
CITY-ST-ZIP		. dis		TY-S1	- ,	in Section 119.07(3)(i), Florida Statutes. I furt	her certify that the	information	
<ol><li>14. I hereby of</li></ol>	certify that the information supplied with th	is tiling does not qualify t	ioi the exe	mpu	on stated	an section i talor(s)(t), nionos statutes, i iun	ner seimy nier nie	111011111111111111	

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 true 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 true and that my same appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on a address, with all other like empowered.

SIGNATURE: