

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000074165**

1. Corporation Name
H. WEST TRANSPORTATION INC.



Principal Place of Business: **2117 S.W. CHESTNUT LANE PORT ST. LUCIE FL 34953**
 Mailing Address: **2117 S.W. CHESTNUT LANE PORT ST. LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1998**
 4. FEI Number: **65-0860953**
 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 No

2. Principal Place of Business: **21 1012 SW Jacqueline Ave**
 Suite, Apt. #, etc.: **22**
 City & State: **23 Port St Lucie FL**
 Zip: **24 34953**
 Country: **25 ST Lucie**
 2a. Mailing Address: **26 1012 SW Jacqueline Ave**
 Suite, Apt. #, etc.: **27**
 City & State: **28 Port St Lucie FL**
 Zip: **29 34953**
 Country: **30 ST Lucie**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, HERBERT E JR.
2117 S.W. CHESTNUT LANE
PORT ST. LUCIE FL 34953

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **1012 SW Jacqueline Ave**
 83
 84 City: **Port St Lucie FL** 85 Zip Code: **34953**

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: *[Signature]*
 Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/19/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D	<input type="checkbox"/> DELETE
NAME: WEST, HERBERT E JR.	
STREET ADDRESS: 2117 S.W. CHESTNUT LANE	
CITY-ST-ZIP: PORT ST. LUCIE FL 34953	
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:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:
1.3 STREET ADDRESS: 1012 SW Jacqueline Ave
1.4 CITY-ST-ZIP: Port St Lucie FL 34953
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/19/99**
 DAYTIME PHONE #: **340 561 7068**

CR2E034 (4-1-98)