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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075224

1. Corporation Name

Principal Place of Business

L & W Transport, Inc.

2030	Ortiz Avenue	
Fort	Myers, FL 339	915
1	•	-
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2. Principal P	Place of Business	2a. Mailing Address
21		26 P.O. Box 51065
Suite, Apt	#, etc	Suite, Apt. #, etc
22		[27]
City & Stat	e	City & State
23		28 Fort Myers, FL
Zıp	Country	Zip Country
24	25	29 33994-1065 30 USA

9. Name and Address of Current Registered Agent

Mailing Address

William R. Smith 8191 College Parkway, #300 Fort Myers, FL 33919

Amended: #61.25

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Applied For Not Applicable

3. Date Incorporated or Qualifed	-	
8/27/98		
4. FEI Number		Applied For
65-0859729		Applied For Not Applicat
5. Certificate of Status Desired	[]	\$ 8.75 Additional ee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

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

10. Name and Address of New Registered Agen

81 Name Street Address (P.O. Box 14916 1492 1894 1827 -- 4 82 -06/04/93 --01028--017 83 *****61.25 *****61.25 84 City 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		Registered Agent signature	regulated when sear state gi DA	71
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
THLE	D/P [IDELFTE	11 THELE	Asst. S/T	[Cliange Ki Addition
NAME	Willie Walker	12 NAME	Angela W. McClain	
STREET ADDRESS	P.O. Box 51065	13 STREET ADDRESS	3409 15th St. W.	
CITY-ST-ZIP	Fort Myers, FL 33994-1065	1.4 CHTY-ST-ZIP	Lehigh, FL 33971	
TITLE	D/V [IDELETE	21 TITLE		[Change [Addition
NAME	Calvin Walker	2.2 NAME		
STREET ADDRESS	2262 Dora Street	23 STREET ADDRESS		
CiTY-ST-ZIP	Fort Myers, FL 33901	2 4 CITY-ST-ZIP	<u></u>	
PITLE	S/T [] DELETE	3 1 1171.F		[Crange [Addition
LAME	Hattie Walker	3.2 NAME		
STREET ADDRESS	P.O. Box 51065	33 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL 33994-1065	34 CITY-ST-ZIP		
TITLE	[] DELETE	4111115		[Ct angr.
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
DITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	[] DELETE.	5 1 TITLE		[Changy] Addition
NAME		5.2 NAME		A
STREET ADDRESS	3	5.3 STREET ADDRESS		(())
CITY-ST-ZIP		5.4 C(1.Y+S) - Z(F)	1	VV/
TITLE	[Derete	€ † THELE		[C Inger [Addition
NAME		6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS	1	

14. Thereby certify that the information supplied with this filling 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 supplied annual report is true and accorate and that my signature shall have the same lexist effect as if made under oath that I am an officer or director of the corporation of 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: