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

Mailing Address

3740 36TH AVE. E.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000080174

1. Corporation Name

Principal Place of Business 3740 36TH AVE. E.

ALAN'S AUTO TRANSPORTATION, INC.

PALMETTO FL 3	34221	PALMETTO FL 34221			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	**	
	•				09/16/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
					65-0863080	Not	t Applicable
= -		Suite, Apt. #, etc.	Suite, Apt. #, etc.			- \$8.75 A	dditional .
27					5. Certifcate of Status Desired	Fee Red	quired
City & State City & State			-		6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	
Zip	Country Zip Co			7	8. This corporation owes the current year Ir	ntangible	
24	25	⊢ '	30		Personal Property Tax.		□No
24[9. Name and Address of Curi		1		10. Name and Address of New Registered	d Agent	
			81	Name			
WOODLE, ALAN JR.							
3740 36TH AVE. E.				Street A	ddress (P.O. Box Number is Not Acceptable)		•
PALN	NETTO FL 34221		83				
					<u> </u>		
	•		84	City	FI	85 Zip C	Code
44.5	# 507.607.607.607.607.607.607.607.607.607.6	SEAR and SAT LEAR Florida Statuto	c the abou	o named c	orporation submits this statement for the purpose of		registered
office or re	enistered agent, or both, in the Sta	ite of Florida. Such change was au	ilnorized by	the corpor	ration's board of directors. I hereby accept the appoint	ointment as rec	jistered
agent. I ar	n familiar with, and accept the obl	igations of, Section 607.0505, Flori	ida Statute:	S.			
SIGNATURE					puired when reinstation) DATE		\
	Signature, typed or printed name of registered			nt signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS F	☐ Change	Addition
TITLE	PST	□ pere ie				onango	
NAME	WOODLE, ALAN JR.		1.2 NAME				Ì
STREET ADDRESS	3740 36TH AVE. E.			T ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-	ST-ZIP		Channe	Addition
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition \
NAME			3.2 NAME				Į
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				Ì
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-		,		}
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
			5.3 STREE	TADDRESS	•		ĺ
STREET ADDRESS			5.4 CITY-		•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		Change	Addition
TITLE		Deceie	6.2 NAME				
NAME]		•		TADORES			\
STREET ADDRESS			6.3 STRE	T ADDRESS	· *		

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:

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90189 033 ***150.00