


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90016 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000086941**

1. Corporation Name

**DOE LAKE TRANSPORTATION, INC.**

Principal Place of Business

41904 DOE LAKE ROAD  
DELAND FL 32720

Mailing Address

41904 DOE LAKE ROAD  
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1998

2. Principal Place of Business

21 41904 Doe Lake rd

Suite, Apt. #, etc.

22 None

City &amp; State

23 Deland FL

Zip

24 32720

Country

25 Lake

2a. Mailing Address

26 41904 Doe Lake rd

Suite, Apt. #, etc.

27 None

City &amp; State

28 Deland FL

Zip

29 32720

Country

30 Lake

4. FEI Number

59-3538070

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐

Yes

☒

No

9. Name and Address of Current Registered Agent

STEPHENSON, ROBERT D  
41904 DOE LAKE ROAD  
DELAND FL 32720

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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