PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086941

DOE LAKE TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

41904 DOE LAKE ROAD DELAND FL 32720

41904 DOE LAKE ROAD DELAND FL 32720

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

03-02-1999 90016 036 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

			10/06/1998		
Principal Place of Business Za. Mailing Address /		110	4. FEI Number	Ap	plied For
21 4/904 Doc lake it 28 4/904 Doc k		Kerel	59-3538070		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. ZZ None. 27 Where			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	ZCity & State	: '0'	6. Election Campaign Financing	\$5.00	May Be
		-L	Trust Fund Contribution	Added 1	
Zip Country Zip		Country	8. This corporation owes the current ye	ar Intangible	
24 32720 25 Lake	29 32720 30	Lake	Personal Property Tax.	☐ Yes	XXNo
9. Name and Address of Current	<u> </u>		10. Name and Address of New Regist	ered Agent	
J. Harris Bild Medicas di Gali dic		81 Name			
STEPHENSON, ROBERT D					
41904 DOE LAKE ROAD		82 Street Address (P.O. Box Number is Not Acceptable)			
DELAND FL 32720		83			
DEDARD I E GEZZEO	**				
		84 City		FL 85 Zip C	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above-named corp	oration submits this statement for the purpo	se of changing its	registered
 Pursuant to the provisions of Sections 507.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	f Florida. Such change was authori ons of Section 607 0505. Florida S	zed by the corporation	on a poard of directors in hereby accept the t	mbrumaeuresina)1010101
	-	2	hust 1 St. Chan-	<u> </u>	79
SIGNATURE Signature, typed or printed name of registered agent	and bits if applicable. (NOTE: Regist	tered Agent signature required	d when reinstating) DA	_	<u></u> ;
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE Pres TREASEC CE		.1 TITLE		☐ Change	Addition }
NAME ROBERT D. STEPHE	ا دروايد	2 NAME	•		1 7
STREET ADDRESS LIGAL IND LOKE RO.		.3 STREET ADDRESS			
7,700		4 City-St-ZIP			} {
		1 TITLE		☐ Change	Addition
TIME MACA		2 NAME			_ }
NAME Bryan M. Magin	200				
NUME Bryan M. Magin STREET ADDRESS 45218 Crows Blue	70704	3 STREET ADDRESS)
CITY-ST-ZIP DOLAND FIL	J2780 1	4 CITY-ST-ZIP		- Channa	Addition
TITLE	☐ DELETE 3	u mue		Change	
NAME.		2 NAME	۵		
STREET ADDRESS	3	L3 STREET ADDRESS	t		1
crty-st-zer	3	4 CITY-ST-ZIP			
TILE	☐ OELETE 4	.1 TITLE		☐ Change	Addition
NAME] 4	.2 NAME			1
STREET ADDRESS:		3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP			
TILE		1 mr.#		☐ Change	Addition
NAME	5	2 NAME			1
	1,	3 STREET ADDRESS			\
STREET ADDRESS		4 CITY-ST-ZIP			ĺ
CITY-ST-20P		ATTITLE		Change	Addition
mιε	المراجعة المراجعة	2 NAME			i
NAME					1
STREET AODRESS		3 STREET ADDRESS			į
CITY-ST-ZIP		4 CITY-ST-ZIP	Control Clarks Charles 14 Mg	a codification the la	aformation
14. I hereby certify that the information supplied with	n this filing does not qualify for the carriers	exemption stated in S	lection 119.07(3)(i), Florida Statutes. Fluring shall have the same legal effect as if made	# ceruly that the If under cath; that I	ioman

indicated on this annual report of supplemental annual report is true and accurate and marity signature shall have the same regallered as a marity signature shall never the carporation 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: KAOUK