Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

XΝο

Not Applicable \$8.75 Additional

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000099544**

Col ntry

9. Name and Address of Current Registered Agent

25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

WAGON TRAIN TRANSPORT, INC.

| Principal Place of Business | Mailing Address     |  |
|-----------------------------|---------------------|--|
| 2135 79TH AVENUE            | 2135 79TH AVENUE    |  |
| VERO BEACH FL 32966         | VERO BEACH FL 32966 |  |
|                             |                     |  |

29

Mailing Address

P. D. BOX 6 90353 Suite, Apt. #, etc.

BEACH, FL

Country

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90138 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date ncorporated or Qualifed

Certificate of Status Desired

Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/25/<u>1998</u>

FEI Number

|  |   | 81            | Name               |   |  |  |
|--|---|---------------|--------------------|---|--|--|
| PELLETIER, CLAUDETTE A ESQ.<br>6078 20TH STREET  |   | 82            | Ctroot             | Address (P.O. Box Number is Not Acceptable)   |  |  |
|  |   | 02            | Street             | Address (P.O. Box Number is Not Acceptable)   |  |  |
| VERO   | BEACH FL 32966  | 83            |                    |   |  |  |
|  |   |               |                    |   |  |  |
|  |   | 84            | City               | F-L 85 Zip Code   |  |  |
| 11. Pursuant to the provisions of Sections 607.050.2 and 607.1508, Florida Starutes, 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  |   |               |                    |   |  |  |
|  |   |               | it signature r     | e juired when reinstatin;)  ADDIT (ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |  |  |
| 12.  |   | 3.<br>1 TITLE |                    | Change Addition   |  |  |
|  | · ·   |               |                    | S. S. G. S. G. S.                               |  |  |
| 1  | PARTICION, DEBITO   | 2 NAME        |                    |   |  |  |
| STREET ADDI:ESS  | 2.000.000.000   |               | FADORESS           |   |  |  |
| CITY-ST-ZIP  |   | 4 CITY-S      | T-ZIP              | Change Addition   |  |  |
| TITLE  |   | 1 TITLE       |                    | Change Addition   |  |  |
| NAME   | THOMAS, PAUL E  |               |                    |   |  |  |
| STREET ADDITESS  | 2100 /0111 / (2102  |               | ADDRESS            |   |  |  |
| CITY-ST-ZIP  |   | 4 CITY-S      | T-ZIP              |   |  |  |
| TITLE  | ☐ DELETE 3.   | 1 TITLE       |                    | ☐ Change ☐ Addition   |  |  |
| NAME   | ME .  |               | 3.2 NAME           |   |  |  |
| STREET ADDICESS  | STREET ADDRESS  |               | 3.3 STREET ADDRESS |   |  |  |
| CITY-ST-ZIP  |   | 4. CITY-S     | T-ZIP              |   |  |  |
| TITLE  | ☐ DELETE 4.   | 1 TITLE       |                    | ☐ Change ☐ Addition   |  |  |
| NAME   | 4.  | 2 NAME        |                    |   |  |  |
| STREET ADDITESS  | 4.  | 3 STREET      | ADDRESS            |   |  |  |
| CITY-ST-ZIP  | . 4.  | 4 CITY-S      | T-ZIP              |   |  |  |
| TITLE  | ☐ DELETE - 5  | 1 TITLE       |                    | ☐ Change ☐ Addition   |  |  |
| NAME   | 5   | 2 NAME        |                    |   |  |  |
| STREET ADDRESS   | 5.  | 3 STREET      | ADDRESS            |   |  |  |
| CITY-ST-ZIP  | 5   | 4 CITY-S      | T-ZIP              |   |  |  |
| TITLE  | ☐ DELETE 6.   | 1 TITLE       |                    | ☐ Change ☐ Addition   |  |  |
| NAME   | 6.  | 2 NAME        |                    |   |  |  |
| STREET ADDRESS   | 6   | 3 STREE       | ADDRESS            |   |  |  |
| CITY-ST-ZIP  | 6   | 4 CITY-S      | T- ZIP             |   |  |  |
|  | certify that the information supplied with this filing does not qualify for the e | exempt        | on state           | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information |  |  |

indicated on this annual report or supplied with his ming does not quality for the exemption stated in occupier 19.07(5)(i), Frontal Statutes. Further certify that the informat indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have he same legal effect as if made under oath; that I am an officer or director of the corporation or the receive-por 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 phanged, or on an attachment with an address, with all other like empowered.