## 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 # P98000107003

1. Corporation Name

THE EDDIE HUGGINS TRANSPORT CO.

## FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90143 016 \*\*\*150.00

Principal Place	e of Business	Mailing Address			
2535 SE WILLOU		2535 SE WILLOUGHBY BLVD			
STUART FL 3499	14	STUART FL 34994			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
Į					12/28/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26 P.O. Box 131	8		65-0886390 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1.Y		5. Certificate of Status Desired   \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	7	=	6. Election Campaign Financing \$5.00 May Be
23		28 Yam aty,	<u> </u>	<u> </u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	•	8. This corporation owes the current year Intangible
24	25	29 3499 \ 30	<u>u</u>	.6A	Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent	8	Name	10. Name and Address of New Registered Agent
HIGG	BINS, EDDIE		0	Name	
	SE WILLOUGHBY BLVD		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	RT FL 34994		83	2	
0,0,,			"	<b>^</b>	
			84	City	Fi 85 Zip Code
44.0	4-4	500 and 607 4509 Elosido Cintutos	the abou	to pamed so	orporation submits this statement for the purpose of changing its registered
office or r	agistared agent or both in the State	o of Florida. Such change was autho	orized by	/ the comora	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statute	s.	
SIGNATURE	Signature, typed or printed name of registered ag	/NOTE: Bar	rietared An	ent signatura regu	quired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P,5,D	☐ DELETE	1.1 TITLE		P. 5. D Change Addition
NAME	· , - , ·		1.2 NAME	. 11	Hugains, Eddie
STREET ADDRESS			1.3 STREE	TADORESS	Huggins, Eddie 2585 SE Willoughby Blod.
CITY-ST-ZIP			1.4 CITY-		Stuart, FL 34994
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	•		2.2 NAME		
STREET ADDRESS	and the same of th		2.3 STREI	ET ADDRESS	and the second s
CITY-ST-ZIP	_		2.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TTLE		Change Addition
NAME			3.2 NAME	1	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME	<u>:</u>	
STREET ADDRESS			4.3 STREI	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	·
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		1	5.3 STRE	ET ADDRESS	•
CITY-ST-ZIP			5.4 CITY-		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	6.1 TITLE	l l	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

561-288-1703