

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90028 027 ***150.00

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1. Entity Name

ABC TRANSPORT, INC.



Principal Place of Business

177 DAN RIVER DRIVE
SPRING HILL FL 34606

Mailing Address

177 DAN RIVER DRIVE
SPRING HILL FL 34606

2. Principal Place of Business

12412 Eclipse Ct

3. Mailing Address

Suite, Apt. #, etc. *same*

City & State

NewPort Richey FL

City & State

same

Zip

34654

Country

FLA

Zip

same

Country

same

4. FEI Number

65-0935894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TYNDALL, DONALD B JR.
177 DAN RIVER DRIVE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TYNDALL, DONALD B JR.
STREET ADDRESS 177 DAN RIVER DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE D ☐ Delete
NAME TYNDALL, GLORIA M
STREET ADDRESS 177 DAN RIVER DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12412 Eclipse Ct
CITY-ST-ZIP NewPort Richey FL 34654

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *same*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald B. Tyndall Jr

Date

2/2/04

Daytime Phone #

3524768709