SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Sep 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (7) AKB TRANSPORT, INC. Principal Place of Business Mailing Address 16125 POINTVIEW RD 16125 POINTVIEW RD BROOKSVILLE FL 34801 **BROOKSVILLE FL 34601** DO NOT WRITE IN THIS BPACE 3. Date Incorporated or Qualified <u>01/01/1991</u> 4. FEI Number 2. Principal Place of Business Applied For 59-3041059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BAUMGARTNER, ALLEN W. 16125 POINTVIEW RD Street Address (P.O. Box Number is Not Acceptable) -7380 FT DADE AVE **BROOKSVILLE FL 34601** City 85 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP 1.1 TITLE DELETE Change Addition CR2E034 NAME BAUMGARTNER, ALLEN W. 1.2 NAME STREET ADDRESS 7380 FT DADE AVE 1.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME BAUMGARTNER, KAY A. 2.2 NAME 7380 FT DADE AVE STREET ADDRESS 2.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE BAUMGARTNER, KAY A. NAME 3.2 NAME 7380 FT DADE AVE STREET ADDRESS 3.3 STREET ADDRESS **BROOKSVILLE FL** 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4 STITLE ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change | Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 on an attachment with an address.

FILED

9-9-98 352-396-0023