Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

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 # S08483

1. Corporation Name

Suite, Apt. #, etc.

City & State

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AKB TRANSPORT, INC.

Mailing Address
13345 MONTOUR STREET BROOKSVILLE FL 34613 US

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Suite, Apt. #, etc.

City & State

Zip Country Zip 25 29

9. Name and Address of Current Registered Agent

- ·
BAUMGARTNER, ALLEN W.
13345 MONTOUR STREET
7380 FT DADE AVE

TE	│
	Secretary of State

04-01-1999 90015 010 ***150.00

EII ED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

01/01/1991

59-3041059

4. FEI Number

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7380 FT DADE AVE BROOKSVILLE FL 34613							
			City	FL	85	Zip Co	ode
office or re agent. I ar	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authoral miliar with, and accept the obligations of, Section 607.0505, Florida	rizeu by	THE COLDO	porporation submits this statement for the nurpose of	changi ntment	ng its ro as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	stered Ager	it signature re	quired when reinstating) DATE			
12.		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DP DELETE	1.1 TITLE			☐ Ch	ange	Addition
NAME	Baumgartner, Allen W.	1.2 NAME					
STREET ADDRESS	7380 FT DADE AVE	1.3 STREE	TADORESS				
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-S	T-ZIP				
TITLE	DVS DELETE	2.1 TITLE			☐ Ch	ange	☐ Addition
NAME	BAUMGARTNER, KAY A.	2.2 NAME					ļ
STREET ADDRESS	TOOK ET DARE NA	2.3 STREE	TADDRESS		-	F *	/
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-5	T-ZIP	<u> </u>	<u> </u>		
TITLE	T DELETE	3.1 TITLE	ļ		□ Ct	ange	Addition
NAME	Baumgartner, kay a.	3.2 NAME					
STREET ADDRESS	7380 FT DADE AVE	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL	3.4. CITY-5	ST-ZIP				
TITLE	DELETE	4.1 TITLE				nange	☐ Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREE	T ADDRESS				ĺ
CITY-ST-ZIP		4.4 CITY-S	T-ZIP				☐ Addition
TITLE	☐ DELETE	5.1 TITLE	:			hange	☐ Addition {
NAME		5.2 NAME					
STREET ADDRESS	ATEMATE AT SECT.	5.3 STREE	TADDRESS				
	(1 (3 v - 1) 1 (4)	5.4 CITY-5	T-ZIP				
	おOSE (PONS な)MOSE DELETE	6.1 TITLE				nange	Addition (
NAME STATE		6.2 NAME					Į
STREET ADDRESS		6.3 STREE	T ADDRESS				
CITY-ST-ZIP		6.4 CITY-5	ST-ZIP			•	

Country

81 Name

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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, with all other like empowered.

SIGNATURE:

ATURE AND A PRINTED HAME OF SYMING OFFICER OR DIRECTOR

3-29-99 352596 0023

CR2E034 (11/98)