

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90015 010 \*\*\*150.00

**DOCUMENT # S08483**

1. Corporation Name  
**AKB TRANSPORT, INC.**

Principal Place of Business

**13345 MONTOUR STREET  
BROOKSVILLE FL 34613  
US**

Mailing Address

**13345 MONTOUR STREET  
BROOKSVILLE FL 34613  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1991**

4. FEI Number

**59-3041059**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMGARTNER, ALLEN W.  
13345 MONTOUR STREET  
7380 FT DADE AVE  
BROOKSVILLE FL 34613**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. 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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BAUMGARTNER, ALLEN W.  
7380 FT DADE AVE  
BROOKSVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
BAUMGARTNER, KAY A.  
7380 FT DADE AVE  
BROOKSVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BAUMGARTNER, KAY A.  
7380 FT DADE AVE  
BROOKSVILLE FL**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)