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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S78244

1. Corporation Name

DEBAR TRANSPORT INC.

Principal Place of Business

 7918 SHOUBE RD
 PLANT CITY FL 33565
 US

Mailing Address

 7918 SHOUBE RD
 PLANT CITY FL 33565
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1991

4. FEI Number

59-3089589

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

21 4634 Drew Court

Suite, Apt. #, etc.

22 City & State

23 Lakeland, FL

Zip

24 33810

Country

25 US

2a. Mailing Address

26 4634 Drew Court

Suite, Apt. #, etc.

27 City & State

28 Lakeland, FL

Zip

29 33810

Country

30 US

9. Name and Address of Current Registered Agent

 DECRAENE, CAROL A.
 7918 SHOUBE RD.
 PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name Steve PATTERSON

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

4634 Drew Court

83

84 City Lakeland

FL

85 Zip Code 33810

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

Steve Patterson

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

(NOTE: Registered Agent signature required when resigning)

DATE

7-16-99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME PATTERSON, STEVE

STREET ADDRESS 4634 DREW COURT

CITY-ST-ZIP LAKELAND FL 33810

TITLE S ☒ DELETE

NAME DECRAENE, CAROL A.

STREET ADDRESS 7918 SHOUBE RD

CITY-ST-ZIP PLANT CITY FL 33565

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Donald Johnson

1.3 STREET ADDRESS 3800 Sunnyfield Dr.

1.4 CITY-ST-ZIP COPIELY, OHIO 44321

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Donna Patterson

2.3 STREET ADDRESS 4634 DREW CT

2.4 CITY-ST-ZIP LAKELAND, FL 33810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Steve Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99 941-686-2524

Date

Daytime Phone #

CR2E034 (11/98)