

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  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90013 022 \*\*\*150.00

DOCUMENT # V18045

1. Corporation Name

TYMES TWO TRANSPORT, INC.

Principal Place of Business

3200 OLD WINTER GARDEN RD  
SUITE 2114  
OCOE FL 34761  
US

Mailing Address

P. O. BOX 759  
OCOE FL 34761  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1992

4. FEI Number

59-3112483

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

21 424 SADDLEBAY LOOP

Suite, Apt. #, etc.

22 000

27 Suite, Apt. #, etc.

23 City & State

OCOE, FL

28 City & State

24 Zip

34761

Country

25 U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOSELEY, FREDERICK R., IV  
3200 OLD WINTER GARDEN RD  
APT 2114  
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

OCOE, FL

85 Zip Code

34761

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

3-12-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MOSELEY, FREDERICK R., IV

STREET ADDRESS 3200 OLD WINTER GARDEN RD, APT 2114

CITY-ST-ZIP OCOE FL 34761

TITLE STD ☐ DELETE

NAME MOSELEY, BETSY D.

STREET ADDRESS 3200 OLD WINTER GARDEN RD, APT 2114

CITY-ST-ZIP OCOE FL 34761

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

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 PD FREDERICK R. MOSELEY, IV

1.3 STREET ADDRESS 424 SADDLEBAY LOOP

1.4 CITY-ST-ZIP OCOE, FL. 34761

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME BETSY D. MOSELEY

2.3 STREET ADDRESS 424 SADDLEBAY LOOP

2.4 CITY-ST-ZIP OCOE, FL. 34761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-99

407-654-7983

CR2E034 (11/98)