03-01-1999 90086 026 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

•	1999		DIVISION OF CO	ORPORA	TIONS	03-01-1999 90086 026 ***150.0	0	
	MENT # V480	74			11	и· .		
	S CREEK TRANSPOR	T. INC.						
O III III CO	O ONEEN THE STOR OF	,,				) 18 811 012 811 018 81 10 118 12 11 10 01		
Principal Place	of Business	Mailing	g Address			\$ 10011 Attal mikat istis inti jant att sibt atsu ater ater ater	)II <b>1</b> 1871 1881	
12734 NORTH FLORIDA AVENUE 12734 NORTH FLORIDA AVENU				ENUE				
TAMPA FL 3361		Tampa	FL 33612			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/09/1992		
Principal Place of Business     2a. Mailing Address							lied For	
1 26					33 3 100001	Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Ac	I .		
22	27					ree Red		
City & State City & State					6. Election Campaign Financing \$5.00 M			
23		28		Count		Trust Fund Contribution Added to	rees	
Zip				Count	ıy	8. This corporation owes the current year Intangible Personal Property Tax.	J+10	
24	9. Name and Address of	29 Current Registers		30		10. Name and Address of New Registered Agent		
	3. Italic and Address of	Odiron Rogiotore		8	1 Name			
CORPORATION INFORMATION SERVICES INC.					82 Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS ST				l°	Z Sireel AL	Address (F.O. Box Number is Not Addeptable)		
TALLAHASSE FL 32301				8	3			
				<u> </u>	84 City 85 Zip Code			
				1	FL   1			
11. Pursuant l	to the provisions of Sections 6	07.0502 and 607.1	508, Florida Statute	s, the abo	ve-named co	corporation submits this statement for the purpose of changing its r ration's board of directors. I hereby accept the appointment as reg	egistered istered	
oπice or re agent. I ar	egistered agent, or both, in the many familiar with, and accept the	obligations of, Se	ction 607.0505, Flori	ida Statute	es.	, and a discussion in the same and approximate and		
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			Registered Ag	ered Agent signature required when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	D	RS AND DIRECT	☐ DELETE	1.1 TITLE		Change		
NAME	LEWIS, PERRY			1.2 NAMI				
STREET ADDRESS	12734 N FLORIDA AVE				ET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY				
TITLE	Trans.		☐ DELETE	2.1 TITLE	-	☐ Change	☐ Addition	
NAME				2.2 NAMI	E			
STREET ADDRESS				2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				2 4 CITY	-ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition	
NAME				3.2 NAM	E			
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP			C DELETE	3.4. CITY		☐ Change	Addition	
TMLE			☐ DELETE	4.1 TITLE		□ cuma	<u> </u>	
NAME				4. 2 NAM	EET ADDRESS			
STREET ADDRESS				1				
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY 5.1 TITUE		☐ Change	Addition	
NAME				5.2 NAM				
STREET ADDRESS				5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 CITY	-ST-ZIP			
TITLE			☐ DELETE	6.1 TITLI	•	☐ Change	☐ Addition	
·				G O NAMA	-			

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 supplienental 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 be an attachplest with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS