

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morcum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 558318 (2)**

1. Corporation Name

**F. L. GELARO TRANSPORT SERVICE, INC.**

Principal Place of Business

**1455 EASTPORT ROAD  
JACKSONVILLE FL 32218**

Mailing Address

**1455 EASTPORT ROAD  
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/26/1978</b>	3a. Date of Last Report <b>05/11/1994</b>
4. FEI Number <b>59-1801340</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under §. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**GELARO III, THOMAS  
1489 EASTPORT ROAD  
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name  
**THOMAS GELARO III**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1469 EASTPORT RD.**

83

84 City  
**JAX.**

85 Zip Code  
**FL 32218**

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 \_\_\_\_\_ DATE **4/25/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>ST</b>	<b>RODGERS, DEBORAH L. 15 HYATT LANE JACKSONVILLE FL</b>	1.1 TITLE <b>1st V-PRESIDENT &amp; ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>DEBORAH RODGERS</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>15 HYATT LANE</b>	
CITY - ST - ZIP		1.4 CITY - ST - ZIP <b>JAX. FL. 32218</b>	
TITLE <b>VP</b>	<b>GELARO III, THOMAS 1489 EASTPORT ROAD JACKSONVILLE FL</b>	2.1 TITLE <b>2nd V-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>THOMAS GELARO III</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>1469 EASTPORT RD.</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>JAX. FL. 32218</b>	
TITLE <b>VO</b>	<b>GELARO JR, THOMAS 15 HYATT LANE JACKSONVILLE, FL 00000</b>	3.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>LOUISE GELARO</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>15 HYATT LN.</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>JAX. FL. 32218</b>	
TITLE <b>COB</b>	<b>GELARO, EUGENE G. 15 HYATT LANE, LOT 15 JACKSONVILLE FL</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>BOD</b>	<b>GELARO, DAVID B. 15 HYATT LANE, LOT 14 JACKSONVILLE FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>SOA</b>	<b>GELARO, BRIAN 14044 HYATT ROAD JACKSONVILLE FL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **Deborah Rodgers VP-ST** DATE: **4/24/95** TELEPHONE: **904-757-0642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR