


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 23 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 558318 (2)
 1. Corporation Name
 F. L. GELARO TRANSPORT SERVICE, INC.

Principal Place of Business Mailing Address
 1455 EASTPORT ROAD JACKSONVILLE FL 32218
 1455 EASTPORT ROAD JACKSONVILLE FL 32218

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
 GELARO III, THOMAS
 1469 EASTPORT ROAD
 JACKSONVILLE FL 32218

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent named in this report is the registered agent of the corporation in the State of Florida. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, as the registered agent of the corporation. I hereby accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 VPST RODGERS, DEBORAH L. 15 HYATT LANE JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 VP GELARO III, THOMAS 1469 EASTPORT ROAD JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P FRANCIS LOUISE GELARO 15 HYATT LANE JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 COB GELARO, EUGENE G. 16 HYATT LANE, LOT 15 JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 BOD GELARO, DAVID B. 15 HYATT LANE, LOT 14 JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 SOA GELARO, BRIAN 14044 HYATT ROAD JACKSONVILLE FL

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 43 if changed, or on an attachment with an address.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
 01/26/1978 05/01/1996
 4. FEI Number Applied For
 59-1801340 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 85 Zip Code

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 43 if changed, or on an attachment with an address.



CR2E034 (4/97)

SIGNATURE \$ - SICHIAI...

2-1597 04172412