

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:32

DOCUMENT # **J99600** (5)

1. Corporation Name
RAVEN TRANSPORT BROKERAGE, INC.

Principal Place of Business Mailing Address
*** ISSAC L. LEVY** *** ISSAC L. LEVY**
9523 FLORIDA MINING BLVD. **9523 FLORIDA MINING BLVD.**
JACKSONVILLE FL 32257 **JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/26/1987 **04/13/1994**

4. FEI Number Applied For
59-2857385 Not Applicable

5. Certificate of Status Desired \$9.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **c/o Stephen J. Silverman** 26 **c/o Stephen J. Silverman**
Subs. Apt. #, etc. Subs. Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

LEVY, ISSAC L. 444 E. DUVAL ST. JACKSONVILLE FL 32202	B1	Name	
	B2	Street Address (P.O. Box Number is Not Acceptable)	
	B3		
	B4	City	FL B5 Zip Code

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 _____
(Signature: typed or printed name of registered agent and date of signature) (Date: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D, O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, STEPHEN J.	1. NAME	
STREET ADDRESS	9523 FLORIDA MINING BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
TITLE	D	2. TITLE	D, O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, W RANDOLPH	2. NAME	
STREET ADDRESS	1013 LONGWOOD DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	WOODSTOCK GA	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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. *(Signature)*

SIGNATURE: *(Signature)* **Stephen J. Silverman** 3/17/95 (904) 262-5733 Ext. 214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number