# 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 JAN 26 PM 4:19

DOCUMENT # P09458 (1)

1. Corporation Name
P.F.I. TRANSPORT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 684<br>600 HAGERTY DRIVE<br>FREMONT OH 43420 | PO BOX 684<br>600 HAGERTY DRIVE<br>FREMONT OH 43420 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1986
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 34-1315161 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURTON, PHILLIP
3904 BUILDERS CIRCLE
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | V | 1.1 TITLE | ☒ Change | ☐ Addition |
| NAME | KERN, MICHEAL J | 1.2 NAME | | |
| STREET ADDRESS | 1753 TOMAHAWK TRACE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FREMONT OH | 1.4 CITY-ST-ZIP | FREMONT, OH 43420 | |
| TITLE | PD | 2.1 TITLE | ☒ Change | ☐ Addition |
| NAME | KERN, THOMAS | 2.2 NAME | | |
| STREET ADDRESS | 179 ST. THOMAS DRIVE | 2.3 STREET ADDRESS | 1520 FINEROCK | |
| CITY-ST-ZIP | FREMONT OH | 2.4 CITY-ST-ZIP | FREMONT, OH 43420 | |
| TITLE | TS | 3.1 TITLE | ☒ Change | ☐ Addition |
| NAME | BURTON, PHILLIP | 3.2 NAME | | |
| STREET ADDRESS | 25986 W RIVER RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRYSBURG OH | 3.4 CITY-ST-ZIP | PERRYSBURG, OH 43551 | |
| TITLE | | 4.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | ☐ Change | ☐ 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)(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.

**SIGNATURE:** P Burton PHILLIP BURTON 1-17-95 419-332-7369
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0486074 FN