PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

DOCUMENT # P09458

1. Corporation Name

P.F.I. TRANSPORT, INC.

| FILED |
|--------------------------------------|
| Apr 27, 1999 8:00 am |
| Secretary of State |
| ●/ 04.27.1000.00048.020.***150.00 |



| Principal Flace | of Business | Mailing Address | | | | | 1811831 (1) 68118 15111 elen el | 1191 IB11 WIGTI W | | ***** | P() 9(9), (***) |
|---|--|---------------------------------------|---------------------|---|------------------|--|---------------------------------|-------------------|--------------------------------|--------|-------------------|
| PO BOX 684 | | PO BOX 684 | | | | | | | | | |
| 600 HAGERTY OF FREMONT OH 43 | | 600 HAGERTY DRIVE FREMONT OH 43420 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Themore (III 40420 | | | | | | Date Incorporated or Qualifed | | | | | |
| | _ | | | | | | /1986 | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | | Applied For | | |
| 21 | | 26 | | | | <u>34-13</u> | 15161 | | | | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | 6. Electic n Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Zip | Country | Zip | Cour | ntry | | 8, This co | rporation owes the curr | ent year Inta | angible | ; | |
| 24 | 25 | 29 | | 30 | | Personal Property Tax. | | | | | _No |
| | 9. Name and Address of Cu | | | | | 10. Name | and Address of New I | Registere d | Agent | | |
| | | | | 81 | Name | | | | | | |
| BURTON, PHILLIP 3904 BUILDERS CIRCLE | | | | 82 Street Address (P.O. Bo). Number is Not Ac | | | Number is Not Accept | able) | | | |
| | T CITY FL 33566 | | ł | 83 | | | | | | | |
| | | | | | | | | | -11 | | |
| | | | | 84 | City | | | FL | 85 | Zip C | ode |
| office or reg agent. I am | o the provisions of Sections 607 gistered agent, or both, in the Si familiar with, and accept the ob | toto / t Florida Such channe w | ias autoorized | nv i | the corporati | ion's board of c | lirectors. I hereby acce | pt the appoi | ntment | as reg | istered |
| SIGNATUFE S | Ignature, typed or printed name of registered | d agent and title if applicable. | NOT E. Registered | Agent | signature requir | ed when reinstating) | | DATE | | | |
| 12. | OFFICERS | S AND DIRECTORS | 13. | | | ADDITIC | NS/CHANGES TO OF | FICERS AN | | | |
| TITLE | Ÿ | ☐ DELET | E 1.1 TIT | LE | | | | | ☐ Ch | iange | Addition |
| | KERN, MICHEAL J | | 1 2 NA | ME | | | | | | | |
| STREET ADDRESS | 1931 CHRISTY RD. | | 13 ST | REET. | ADDRESS | | | | | | |
| J., . J | FREMONT OH | | 14 CIT | Y-ST | - ZIP | | | | | | |
| | PD DELETE | | E 2.1 TI | 2.1 TITLE | | | | | □ Ct | nange | Addition Addition |
| NAME | KERN, THOMAS | | 2 2 NA | ME | | | | | | | |
| STREET ADDRESS | 1520 FINEFROCK | | 23 ST | REET | ADDRESS | | | | | | |
| | FREMONT OH | | 2. 4 CI | TY-S1 | T-ZIP | | | | | | |
| TITLE | TS | ☐ DELET | E 3.1 TIT | Œ | | | | | CH | ıange | ☐ Addition |
| | Burton, Phillip | | 3.2 NA | ME | } | | | | | | |
| | 25986 W RIVER RD | | 33 ST | REET | ADDRESS | | | | | | |
| CITY-\$T-ZIP | PERRYSBURG OH | | 3 4. CI | | T-ZIP | | | | | | |
| TITLE | | ☐ DELET | | | | | | | ЦИ | hange | ☐ Addition |
| NAME | | | 4. 2 N | AME | | | | | | | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4 4 CI | | -ZIP | | | | | hanca | Addition |
| TITLE | | ☐ DELET | 1 | | | | | | | hange | ∟ даанып |
| NAME | | | 5.2 NA | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CI | | -ZIP | | | | = | | <u></u> |
| TITLE | | ☐ DELET | | | } | | | | ЩCI | hange | Addition |
| NAME | | | 6.2 NA | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| , . | | | 44.00 | TV CT | 710 | | | | | | |

14. Thereb / certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further certify that the information indicate d on this annual report or supplemental annual report is true and social 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 except 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 attach port with an address, with a logic risk empowered.

SIGNATURE:

SIGNATURE AND PYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)