

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:17

DOCUMENT # **P34372** (3)

1. Corporation Name
ALLEN FREIGHT TRAILER BRIDGE, INC.

Principal Place of Business Mailing Address
**500 PARK AVE.
FIFTH FLOOR
NEW YORK NY 10022** **500 PARK AVE.
FIFTH FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/19/1991 **06/28/1994**

4. FEI Number Applied For
13-3617886 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

2. Principal Place of Business 2a. Mailing Address

21 26

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1506, 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 of person or persons if registered agent and the President

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC
NAME	ALLEN, HADDON N.
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	KRAEGEL, KEITH R.
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	HEIM, RALPH W.
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	ALLEN, WILLIAM K. I
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	MANCINHO, ANITA L.
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	MORLEY, J. EDWARD
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP	JACKSONVILLE FL

1. TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	M. P. McLean	
3. STREET ADDRESS	500 Park Avenue, 5th Floor	
4. CITY-ST-ZIP	New York, NY 10022	
2. TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	John B. McLean	
3. STREET ADDRESS	500 Park Avenue, 5th Floor	
4. CITY-ST-ZIP	New York, NY 10022	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	Mark A. Tanner	
4. STREET ADDRESS	9500 Regency Square Blvd, Suite 600	
4. CITY-ST-ZIP	Jacksonville, FL 32225	
5. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	Bern F. Salvador	
5. STREET ADDRESS	9550 Regency Square Blvd., Suite 600	
5. CITY-ST-ZIP	Jacksonville, FL 32225	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biannual report is true and accurate and that my signature shall have the same legal effect as if made in the truth, 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 name cross.

SIGNATURE:

Mark A. Tanner
NON-QUALIFIED FILED OFFICER OR DIRECTOR

3/9/95

904-724-4400
Telephone Number