2004 FER PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2004 08:00 AM Secretary of State

| DOCUMENT # V58555 |
|-------------------------|
| 1. Entity Name |
| SUNBELT TRANSPORT, INC. |

Principal Place of Business 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 Mailing Address C/O DENNIS D FRICK

PO BOX 4667

JACKSONVILLE, FL 32201

US



| DO NOT WRITE | IN THIS | SPACE |
|--------------|---------|-------|
|--------------|---------|-------|

01092004 No Chg-P CR2E034 (10/03)

| 4. | FEI Number | 1 | Applied For |
|----|------------|-------|----------------|
| | 59-3137060 | Г | Not Applicable |
| | | | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRICK, DENNIS D 155 E 21ST STREET JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pillons of registered agent. | urpose of changing its registered | office or r | | th, in the State of Florida. I am familiar with, and accept |
|---|--|---|--|---|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) | | | | | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | mg 🗆 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ANDERSON, JOHN E 1801 ART MUSEUM DR. JACKSONVILLE, FL 32207 | 3.4. | ······································ | | U00000019044 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAST VANLANDINGHAM, RAY M 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 | | | | 01/23/04-80010-020 130.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OP COPLEY, RICK J. 1801 ART MUSEUM DR. JACKSONVILLE, FL 32207 | | ٠ | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby indicated | certify that the information supplied with this fill on this report or supplemental report is true a | ling does not qualify for the exem- and accurate and that my signature | otion state e shall hav | d in Section 119.07(3)(he the same legal effect | (i), Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director |

12. I nereby 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 indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SMALLS DENNIS D. FRICK GRATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Journy 26,2004

904-355-1781

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