

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **312238** (9)

1. Corporation Name

D & K TRANSPORT, INC.



Principal Place of Business

Mailing Address

**15515 US 301
DADE CITY FL 33525
US**

**P.O. BOX 186
DADE CITY FL 33526-0186
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1966		3a. Date of Last Report 03/16/1995	
21		26		4. FEI Number 59-1202794		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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

**WALLER, CHARLES D.
417 E LIVE OAK
DADE CITY FL 33525**

RENUMBERED 37927 LIVE OAK AVENUE

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	PD	1.1 TITLE	
NAME	SURRATT, BILL M. J	1.2 NAME	
STREET ADDRESS	15515 US 301	1.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	LINDSAY, KENNETH W.,JR	2.2 NAME	
STREET ADDRESS	15515 US 301	2.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	LINDSAY, KENNETH W.,JR	3.2 NAME	
STREET ADDRESS	15515 US 301	3.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	
NAME	SURRATT, ANITA GAIL	4.2 NAME	
STREET ADDRESS	15515 US 301	4.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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:

Bill M. Surratt Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BILL M SURRATT JR
PRESIDENT**

4/24/96
Date

352 567-5161
Daytime Phone #

CR2E034 (12/95)