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

APPROVED AND FILED

95 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **487217** **(2)**

1. Corporate Name
STRICKLAND TRANSPORT, INC.

Principal Place of Business
%JACKSON E BOGGS
10025 HWY 301 NORTH
TEMPLE TERRACE FL 33637

Mailing Address
%JACKSON E BOGGS
10025 HWY 301 NORTH
TEMPLE TERRACE FL 33637

Do Not Write In This Space

3. Date Incorporated or Qualified: **10/01/1975**
3a. Date of Last Report: **08/09/1994**

21 — 2. Principal Place of Business
26 — 2a. Mailing Address
4. FEI Number: **59-1622824** — Applied For ☐ Not Applicable
22 — Suite Apt. # etc.
27 — Suite Apt. # etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 — City & State
28 — City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 — City
25 — State
29 — City
30 — State
8. This corporation has many or management as defined in Section 607.0505 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGGS, E JACKSON
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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 Section 607.0505 and/or 608 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

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STRICKLAND, RICKY W.
STREET ADDRESS	12103 RIVERHILLS DR.
CITY, ST, ZIP	TAMPA, FL 00000
TITLE	PD
NAME	STRICKLAND, JOHN C JR
STREET ADDRESS	12103 RIVERHILLS DR.
CITY, ST, ZIP	TAMPA, FL 00000
TITLE	STD
NAME	STRICKLAND, FAYELYNN P.
STREET ADDRESS	12103 RIVERHILLS DR.
CITY, ST, ZIP	TAMPA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is substantially accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that the corporation continues the same business activity as stated in Section 607.0401(2)(b), Florida Statutes, and that the officers or directors of the corporation or the officer or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or on an attached sheet, with my address.

SIGNATURE: Ricky Strickland — Ricky Strickland — 4/21/95 — 8139886127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0304103 CP