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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 PM 4:27

DOCUMENT # **589688** **(1)**

1. Corporation Name
ACTION CARGO SERVICE, INC.

Principal Place of Business	Mailing Address
17850 N.W. 84TH COURT HIALEAH FL 33015-2501	17850 N.W. 84TH COURT HIALEAH FL 33015-2501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 116 STROMBOLE DR.	26 116 STROMBOLE DR -
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ESLAMORADA, FLA	City & State 28 ESLAMORADA, FLA
Zip 24 33036 Country 25 USA	Zip 29 33036 Country 30 USA

4. FEI Number: 59-1854621 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

HART, CLYDE L.
17850 N.W. 84TH COURT
HIALEAH, FL. 33152

10. Name and Address of New Registered Agent

01 Name: CLYDE L. HART
02 Street Address (P.O. Box Number is Not Acceptable): 116 STROMBOLE DR.
03
04 City: ESLAMORADA, FL FL 05 Zip Code: 33036

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] DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	HART, BETTY L.	1.2 NAME	BETTY L. HART	
STREET ADDRESS	17850 N.W. 84TH COURT	1.3 STREET ADDRESS	116 STROMBOLE DR	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	ESLAMORADA, FL 33036	
TITLE	VS	2.1 TITLE	P/S	☒ Change ☐ Addition
NAME	HART, CLYDE L	2.2 NAME	CLYDE L. HART	
STREET ADDRESS	17850 NW 84TH CT	2.3 STREET ADDRESS	116 STROMBOLE DR.	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	ESLAMORADA, FL 33036	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(i), 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 above, or on an attachment with an address.

SIGNATURE: [signature] Clyde L. Hart 1/23/95 305-852-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001010 CP