FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:37

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 610445 (9)

1. Corporation Name
TRANSFLEET, INC.

Principal Place of Business	Mailing Address
8080 PENSACOLA BLVD. PENSACOLA FL 32534	8080 PENSACOLA BLVD. PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1979
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 63-0766103 ☐ 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

TYUS, JOHNNIE W
8080 PENSACOLA BLVD.
PENSACOLA, FL
32534

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 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registering Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, J. D.	1.2 NAME	
STREET ADDRESS	3050 BIRMINGHAM HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SEAY, J. E.	2.2 NAME	
STREET ADDRESS	3050 BIRMINGHAM HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	
TITLE	DCS	3.1 TITLE	☒ Change ☐ Addition
NAME	WARREN, J. R.	3.2 NAME	
STREET ADDRESS	167 LAUDERDALE ST.	3.3 STREET ADDRESS	2001 Gatsby Dr.
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	Montgomery, AL 36106
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DEAVERS, L. H.	4.2 NAME	
STREET ADDRESS	ROUTE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEATSVILLE AL	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)(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: James R. Warren — 2-20-95 — 334-263-3809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James R. Warren

000000 CP