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 APR -7 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **622990** **(0)**

1. Corporation Name

BURGESS TRANSPORT, INC.

Principal Place of Business	Mailing Address
100 ALI BABA AVENUE OPA LOCKA FL 33054	2800 NORTH TRYON STREET CHARLOTTE NC 28206 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1979**
3a. Date of Last Report: **06/16/1994**

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: **59-1921297** ☐ 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

BURGESS, CHARLES J.
100 ALI BABA AVENUE
OPA LOCKA FL 33054

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 607.0202 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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	11 TITLE	Chairman/D/CEO	XX Change ☐ Addition
NAME	BURGESS, CHARLES J	12 NAME		
STREET ADDRESS	100 ALI BABA AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	BURGESS, ANNE L.	22 NAME		
STREET ADDRESS	100 ALI BABA AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL	24 CITY-ST-ZIP		
TITLE	SDV	31 TITLE	Vice Chairman/Secretary/D	XX Change ☐ Addition
NAME	V	32 NAME	Pamela B. Irving	
STREET ADDRESS	100 ALI BABA AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	P/D	☐ Change ☐ Addition
NAME	DEESE, MAX	42 NAME		
STREET ADDRESS	2800 NORTH TRYON STREET	43 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 asterisk.

SIGNATURE: _____ (704) 375-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #