**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 811386

1. Corporation Name

CROWLEY AMERICAN TRANSPORT, INC.

									<u>                                    </u>			i #1011 Bibli 1801	
Principal Place of Business Mailing Address						1							
ATTN: TANA SHIPMAN ATTN: TANA SHIPMAN													
155 GRAND AVENUE			155 GRAND AVENUE					DO NOT WRITE IN THIS SPACE					
OAKLAND CA 94612			OAKLAND CA 94612					3. Date Incorporated or Qualifed					
								Э.	10/23/1956			ł	
<u></u> ,			6.4 '19' B11					4	FEI Number		$\top \top_{i}$	Applied For	
2. Principal Pla	ace of Business	$\vdash$	. Mailing Address								$\leftarrow$	Not Applicable	
21			26						<u>59-0835484</u>			Additional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				ļ	5.	Certifcate of Status Desired	Ψ		Required	
22			27 City & State						<del></del>				
City & State			City & State						Election Campaign Financing	•		May Be	
23		28	•		Countr	<del>.</del> -			Trust Fund Contribution			101663	
Zip	Country	$\vdash$	<b>Ž</b> ip	_	Country	′	1	ı	This corporation owes the current year le		Yes	□No	
24	25	29		30				Personal Property Tax. L Yes LN0  10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Regis	stered Agent		81	Τ,	Name	10.	Name and Address of New Registers	1 Ago			
COD	DODATION SERVICE COMPANY				0,	\ '	Name:						
CORPORATION SERVICE COMPANY					82	82 Street Addres			O. Box Number is Not Acceptable)				
1201 HAYS STREET					_	┺							
IAUL	AHASSEE FL 32301-2525				83	1						Ì	
	Francisco Verb				84	+ 6	City			. 8	35 Zi	p Code	
	,				1		•		F				
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.												its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent		Macalianhia /NOTE	Regis	stered Age	nt ex	gnature required w	vhen re	einstating) DATE			- <del></del> {	
	OFFICERS AND			÷	13.	JI 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	gribino i Oddin		ADDITIONS/CHANGES TO OFFICERS	AND E	DIREC	FORS IN 12	
TITLE	S OFFICERS AND	Ditt	DELETE		1.1 TITLE	_					] Change		
ì	SHIPMAN, TANA G.			- 1	1.2 NAME							}	
NAME	155 GRAND AVENUE			•	1.3 STREE		nnesee !					J	
STREET ADDRESS				•								,	
CITY-ST-ZIP	OAKLAND CA		[ ] DELETE		1.4 CITY-S 2.1 TITLE	51-2					] Chang	e	
TITLE	DC		□ beceir							_	,		
NAME	THOMAS B CROWLEY, JR.			-1	2.2 NAME								
STREET ADDRESS	155 GRAND AVENUE				2.3 STREE							Ì	
CITY-ST-ZIP	OAKLAND CA	<u> </u>	- <u> · · · · · · · · · · · · · · · · ·</u>	_	2.4 CITY-	ST-2	ZIP .			<u> </u>	Change	e Addition	
TITLE	DP		☐ DELETE		3.1 TITLE					_	,		
NAME	BURNSIDE, P ELLIOT				3.2 NAME		Ì					Ì	
STREET ADDRESS	9487 REGENCY SQUARE BLVD			1	3.3 STREE	ETAD	DDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			-	3.4. CITY-		ZIP			<del></del> -	1 Char-	e	
TITLE	VT		☐ DELETE		4.1 TITLE					∟	] Chang	e □ Addinou	
NAME	MARUCCO, ALBERT M			ı	4. 2 NAME								
STREET ADDRESS	155 GRAND AVENUE			ı	4.3 STREE	ET AC	DORESS					ļ	
CITY-ST-ZIP	OAKLAND CA				4.4 CITY-5	ST-Z	ZIP			<del></del> =			
TITLE	AS		☐ DELETE		5.1 TITLE						] Chang	e	
NAME	LOVE, BRUCE			I	5.2 NAME		Į					Į.	
STREET ADDRESS	155 GRAND AVENUE			1	5.3 STREE	ETAL	DDRESS					,	
CITY-ST-ZIP	OAKLAND CA				5.4 CITY-5	ST-Z	ZIP						
TITLE	D		DELETE	_	6.1 TITLE						] Chang	e 🔲 Addition	
NAME	VERDON, WILLIAM P.				6.2 NAME								
STREET ANDRESS	155 GRAND AVE				6.3 STREE	ET AL	DDRESS						

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS . .155 GRAND AVE

**OAKLAND CA** 

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90078 036 \*\*\*150.00

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