FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **836867** **(2)**

1. Corporation Name
GEORGIA TRANSPORTERS, INC.

Principal Place of Business
113 CHERRY STREET
PANAMA CITY FL 32401

Mailing Address
113 CHERRY STREET
PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 08/16/1976
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-0627630 — ☐ 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

2. Principal Place of Business
21 —
Suite, Apt. #, etc. 22 —
City & State 23 —
Zip 24 — Country 25 —

2a. Mailing Address
26 —
Suite, Apt. #, etc. 27 —
City & State 28 —
Zip 29 — Country 30 —

9. **Name and Address of Current Registered Agent**
WHITAKER, C.B. JR.
113 CHERRY ST
PANAMA CITY FL 32401

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	HOOPAUGH, JULIANNE W.		1.2 NAME	JULIANNE H. Whitaker	
STREET ADDRESS	3202 NW PACES MILL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CITY-ST-ZIP		
TITLE	DPT	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	WHITAKER, C B, JR		2.2 NAME		
STREET ADDRESS	100 CHERRY ST, UNIT 2		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MILLEN, ELIZABETH W.		3.2 NAME		
STREET ADDRESS	3202 NW PACES MILL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	4.1 TITLE	DV	☐ Change ☐ Addition
NAME	WHITAKER, C B, III		4.2 NAME		
STREET ADDRESS	3204 NW PACES MILL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] C. B. Whitaker JR 2/1/96 404-355-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #