

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 # **845281** (5)

1. Corporation Name

KENAN TRANSPORT COMPANY



Principal Place of Business

**143 WEST FRANKLIN STREET
P O BOX 2729
CHAPEL HILL NC 27516-0910**

Mailing Address

**143 WEST FRANKLIN STREET
P O BOX 2729
CHAPEL HILL NC 27516-0910**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/19/1980

3a. Date of Last Report

03/14/1995

4. FEI Number

56-0516485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title, applicable

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D

☐ Change ☒ Addition

NAME **SHAFER, LEE P.**
STREET ADDRESS **3822 NOTTAWAY RD.**
CITY-STATE-ZIP **DURHAM NC**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

William C. Friday
521 Hooper Lane
Chapel Hill, NC 27514

TITLE ☐ DELETE

2.1 TITLE

D

☐ Change ☒ Addition

NAME **KNUTSON, GARY J**
STREET ADDRESS **27 WYSTERIA WAY**
CITY-STATE-ZIP **CHAPEL HILL NC**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Thomas S. Kenan, III
106 Laurel Hill Circle
Chapel Hill, NC 27514

TITLE ☐ DELETE

3.1 TITLE

D

☐ Change ☒ Addition

NAME **BOONE, WILLIAM L.**
STREET ADDRESS **209 BENWELL CT**
CITY-STATE-ZIP **MORRISVILLE NC**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Braxton Schell
422-B Fisher Park Circle
Greensboro, NC 27401

TITLE ☐ DELETE

4.1 TITLE

D

☐ Change ☒ Addition

NAME **KENAN, FRANK H.(CHRM.)**
STREET ADDRESS **3900 DOVER RD.**
CITY-STATE-ZIP **DURHAM NC**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Paul Wright, Jr
The Forest, 19 Oak Court
Durham, NC 27705

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME **COWAN, J. E.**
STREET ADDRESS **2808 FERRAND ROAD**
CITY-STATE-ZIP **DURHAM N.C.**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME **KENAN, OWEN C.**
STREET ADDRESS **1011 PINEHURST DRIVE**
CITY-STATE-ZIP **CHAPEL HILL NC**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Earl Cowan

EARL COWAN

4-1-96

919-929-4740 x220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)