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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 27516-2526



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

02/19/1980

3a. Date of Last Report

04/11/1996

4. FEI Number

56-0516485

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

10. Name and Address of New 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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE VS ☐ DELETE

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

TITLE CDT ☒ DELETE

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

TITLE O ☐ DELETE

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

TITLE D ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature] J. E. Cowan

4-16-97

919-929-4740

CR2E034 (9/96)