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Mar 10 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 # 852653 (5)

1. Corporation Name
RIDGEFIELD PARK TRANSPORT CO., INC.



Principal Place of Business

3300 BARNETT CENTER
50 N. LAURA STREET
JACKSONVILLE FL 32201
US

Mailing Address

PO BOX 4099
JACKSONVILLE FL 32201-4099
US

3. Date Incorporated or Qualified 04/21/1982 3a. Date of Last Report 02/08/1996

4. FEI Number 22-2297864 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 1301 Riverplace Blvd.

Suite, Apt. #, etc.

22 Suite 1301

City & State

23 Jacksonville, Florida

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

27 Suite 1301

City & State

28 Jacksonville, Florida

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

RAX CO

50 N. LAURA STREET, SUITE 3400

50 N. LAURA STREET, P.O. BOX 4099

JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

MOTOLAW, Inc.

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

1301 Riverplace Blvd.

83

Suite 1301

84 City

Jacksonville

FL

85 Zip Code

32207

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

Peter Lauer, President of Motolaw, Inc.

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CRISCUOLO, SALVATORE

STREET ADDRESS 137 HUDSON STREET

CITY - ST - ZIP RIDGEFIELD PARK NJ

TITLE SD ☐ DELETE

NAME CRISCUOLO, BARBARA

STREET ADDRESS 137 HUDSON STREET

CITY - ST - ZIP RIDGEFIELD PARK NJ

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 or is changed, or is an attachment with an address.

SIGNATURE:

Sal Criscuolo

REQUIRED

2/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)