

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 # F94000002035 (3)

1. Corporation Name

ALBERT FISHER TRANSPORT COMPANY



Principal Place of Business

15303 DALLAS PKWY. STE 1250
LOCBOX #82
DALLAS TX 75248

Mailing Address

15303 DALLAS PKWY. STE 1250
LOCBOX #82
DALLAS TX 75248

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
03/22/1995

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

75244

USA

29

30

4. FEI Number

75-2460592

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, type or print name of registered agent and office, 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	<input type="checkbox"/> DELETE
NAME	KAPSNER, STEPHEN A	
STREET ADDRESS	1900 PORTOLA DR. SUITE 101	
CITY - ST - ZIP	SALINAS CA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LOVELACE, JAMES M	
STREET ADDRESS	1900 PORTOLA DR SUITE 101	
CITY - ST - ZIP	SALINAS CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KRUK, BERNADETTE M	
STREET ADDRESS	15303 DALLAS PARKWAY, # 1250	
CITY - ST - ZIP	DALLAS TX	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KAPSNER, STEVE	
STREET ADDRESS	15303 DALLAS PKWY, STE 1250 LOCBOX #82	
CITY - ST - ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	NAPIER, ANDREA S	
STREET ADDRESS	15303 DALLAS PKWY, STE 1250 LOCBOX #82	
CITY - ST - ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CLOUTTE, GRAEME	
STREET ADDRESS	15303 DALLAS PKWY, STE 1250 LOCBOX #82	
CITY - ST - ZIP	DALLAS TX	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4721 Simonton Road
1.4 CITY - ST - ZIP	Dallas, Texas 75244
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ST
2.3 STREET ADDRESS	Brian M. Sturgeon
2.4 CITY - ST - ZIP	15303 Dallas Parkway, # 1250
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dallas, Tx 75248
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Bernadette M. Kruk Bernadette M Kruk 2/29/96 214-687-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)