

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004002 (1)

1. Corporation Name

BURLINGTON MOTOR CARRIERS INC.



Principal Place of Business

14611 W. COMMERCE RD.
DALEVILLE IN 47334

Mailing Address

14611 W. COMMERCE RD.
DALEVILLE IN 47334

3. Date Incorporated or Qualified
08/02/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 14611 W Commerce Rd

26 14611 W Commerce Rd

4. FEI Number
72-1040519

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

CT Corporation

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

1200 S Pine Island Rd

83 City

Plantation

FL

85 Zip Code

33324

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 of Registered Agent or authorized officer of the corporation

Signature of Registered Agent or authorized officer of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JAMES, PAUL A
STREET ADDRESS 14611 W. COMMERCE RD.
CITY-ST-ZIP DALEVILLE IN 47334

☒ DELETE

1.1 TITLE P/COO
1.2 NAME Arthur, Ralph
1.3 STREET ADDRESS 14611 W Commerce Rd
1.4 CITY-ST-ZIP Daleville, IN 47334

☐ Change ☒ Addition

TITLE V
NAME KANDRIS, MICHAEL D
STREET ADDRESS 14611 W. COMMERCE RD.
CITY-ST-ZIP DALEVILLE IN 47334

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME NELSON, RALPH S
STREET ADDRESS 14611 W. COMMERCE RD.
CITY-ST-ZIP DALEVILLE IN 47334

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME GIGLIA, JOHN
STREET ADDRESS 14611 W. COMMERCE RD
CITY-ST-ZIP DALEVILLE IN 47334

☒ DELETE

4.1 TITLE CFO/T/VPF/S
4.2 NAME Overley, James G.
4.3 STREET ADDRESS 14611 W. Commerce Rd
4.4 CITY-ST-ZIP Daleville, IN 47334

☒ Change ☐ Addition

TITLE VPF
NAME OVERLEY, JAMES G.
STREET ADDRESS 14611 W. COMMERCE RD
CITY-ST-ZIP DALEVILLE IN 47334

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 design or trusted employee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)