**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 # **F95000001171 (6)**

1. Corporation Name

**VOYAGER TRANSPORT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 60320 AMF<br>HOUSTON TX 77205 | P.O. BOX 60320 AMF<br>HOUSTON TX 77205 |

3. Date Incorporated or Qualified: **03/13/1995**

3a. Date of Last Report:

4. FEI Number: **76-0191271** ☐ 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: Same
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

**PHIPPS, TERRY**
**8839 BEAR RD.**
**ORLANDO FL 32827**

10. Name and Address of New Registered Agent

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: Terry Phipps — Terry Phipps, President — DATE: 6-5-96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | Same | ☒ Change ☐ Addition |
| NAME | PHIPPS, TERRY | | 1.2 NAME | Same | |
| STREET ADDRESS | 3327 AMACA CIR. | | 1.3 STREET ADDRESS | 6530 MetroWest Bl. #604 | |
| CITY-ST-ZIP | ORLANDO FL 32837 | | 1.4 CITY-ST-ZIP | Orlando Fl. 32835 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | Same | ☒ Change ☐ Addition |
| NAME | PHIPPS, LORETTA | | 2.2 NAME | Same | |
| STREET ADDRESS | 3327 AMACA CIR. | | 2.3 STREET ADDRESS | 6530 MetroWest Bl. #604 | |
| CITY-ST-ZIP | ORLANDO FL 32837 | | 2.4 CITY-ST-ZIP | Orlando Fl. 32835 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** Terry Phipps ~~Terry Phipps~~ — Terry Phipps 6-5-96 — 401-240-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #