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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000006312 (1)**

1. Corporation Name

SENTINEL TRANSPORTATION COMPANY

Principal Place of Business	Mailing Address
3525 SILVERSIDE ROAD CONCORD PLAZA SUITE 101 WILMINGTON DE 19810	3525 SILVERSIDE ROAD CONCORD PLAZA SUITE 101 WILMINGTON DE 19810

3. Date Incorporated or Qualified: **12/28/1995** 3a. Date of Last Report:

4. FEI Number: **51-0363446** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 CONCORD PLAZA, ROAD 101
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

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 607.0402 and 607.1622, 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. The street address of the registered office and the address of the registered agent are typed or printed below. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, HUGH L		1a NAME	
STREET ADDRESS	1007 MARKET STREET D-8048		1b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19898		1c CITY-ST-ZIP	
TITLE	PCOO	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CARSON, JERRY L		2a NAME	
STREET ADDRESS	3525 SILVERSIDE ROAD CONCORD PLAZA - #101		2b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19810		2c CITY-ST-ZIP	
TITLE	V	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	PRESTON, CHARLES R		3a NAME	
STREET ADDRESS	3525 SILVERSIDE ROAD CONCORD PLAZA - #101		3b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19810		3c CITY-ST-ZIP	
TITLE	V	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, MATTHEW M		4a NAME	
STREET ADDRESS	3525 SILVERSIDE ROAD CONCORD PLAZA - #101		4b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19810		4c CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	WHITE, ORVILLE A		5a NAME	
STREET ADDRESS	3525 SILVERSIDE ROAD CONCORD PLAZA - #101		5b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19810		5c CITY-ST-ZIP	
TITLE	TCFO	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	INGERSOLL, JAMES L		6a NAME	
STREET ADDRESS	3525 SILVERSIDE ROAD CONCORD PLAZA - #101		6b STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19810		6c CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. 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 added, above or on an attachment with an "X".

SIGNATURE: James L. Ingersoll — March 18, 1996 — (302)695-6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)