FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SALISBURY MD 21802-1537

PO BOX 1537 - OLD OCEAN CITY ROAD

PROFIT CORPORATION ANNUAL REPORT

1997

PO BOX 1537 - OLD OCEAN CITY ROAD

Principal Place of Business

SALISBURY MD 21801



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Myrtham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000081 (7)

PERDUE TRANSPORTATION INCORPORATED

SALISBURY MD 21801

SALISBURY MD 21801

SALISBURY MD 21801

PERDUE, FRANKLIN P

SALISBURY MD 21801

MAHN, THOMAS E

PO BOX 1537 - OLD OCEAN CITY ROAD

PO BOX 1537 - OLD OCEAN CITY ROAD

PO BOX 1537 - OLD OCEAN CITY ROAD

BARNES, R E

					l l										
					 Date Incorporated or Qualifie 01/04/1996 	d Sa. Date of Last Re	port .								
2. Principal F	lace of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	4. FEI Number	I IAn	plied For								
, ·		26	1.00.000		52-1188595	 	t Applicable								
Suite, Apt. #, etc		Suite, Apt. #, etc.				SA 75 Additional									
22		27			5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required									
City & Stat	С	City & State			Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·									
Ζφ 24	Country 25	Zıp	Соцп1 30	ry	8. This corporation has liability for a Statutes										
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent											
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				1 Name	ne										
				82 Street Address (P.O. Box Number is Not Acceptable)											
								IAL	LAMASSEE FL 32301						
											18	4 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the abo	ve-name	corporation submits this statement for th	e purpose of changing its	s registered								
office or r	registered agent, or both, in the State in familiar with, and accept the oblic	e of Florida. Such change was a pations of, Section 607.0505. Flo	authorized orida Statut	by the co es.	poration's board of directors. I hereby ac	cept the appointment as i	registered								
SIGNATURE		,													
SIGNATURE	Signature, typed or printed hanse of registered ag	ent and time if applicable INOTE	E-Registered A	gent signatu	e required when reinstating)	DATE									
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF										
TITLE	cvc	☐ DELETE	1.1 TOLE	:	P/0	Change	Addition								
NAME	PERDUE, JAMES A		1.2 NAM	E	1 6 ()	O lace									
STREET ADDRESS			13 STRE	3 STREET ADDRESS 5381 ROYAL MILE BIVO 4 CITY-ST-ZIP SALISLUAU, MD 2 1801											
CHTY - ST - ZIP	SALISBURY MD 21801		1.4 CITY	-ST-ZIP	SALISTON, MD &	1801									
TITLE	PD	DELETE	2.1 TITL		0	Change	Addition								
NAME	TURLEY, ROBERT A		22 NAM	E	1	10 11									
CTOCKT ANDRESS	DO BOY 1527 OLD OCEAN	CITY DOAD	225100	ET ADDECC	1 2745 DEVONShire	'UR									

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE 4 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

CHTY ST-ZIP

STREET ADDRESS

STREET AUDRESS

STREEL ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHY-SI-ZIP

CITY-ST-ZIF

10:E

TITLE

NAME

TILLE

NAME

TIFLE

NAME

S IT Changed, of on an attrictment with an address.

The mas E MAHN

THE CASURER 3/18/97 (416) 543-320

UNE AND THE DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

TO DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

SAlisbury, MO

4406 Sturbrigge BR

RT 2 Box 107 PRINCESS ANN Change

Change

Addition

Addition