FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:58

DOCUMENT # G28792 (1)

1. Corporation Name
ACCU-TRANS, INC.

Principal Place of Business	Mailing Address
~~4419 4TH STREET N~~ ~~ST. PETERSBURG FL 33703~~ US	~~4419 4TH STREET N~~ ~~ST. PETERSBURG FL 33703~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1983
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21: 4419 Bayshore NE
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg, FL
24: Zip: 33703 Country:

2a. Mailing Address
26: P.O. Box 7930
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg, FL
29: Zip: 33734 Country:
30:

4. FEI Number: 59-2273357 ☐ 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
[redacted]

10. Name and Address of New Registered Agent
81 Name: James Carlock
82 Street Address (P.O. Box Number is Not Acceptable): 4419 Bayshore Blvd NE
83:
84 City: St. Petersburg FL 85 Zip Code: 33703

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: [redacted] James Carlock April 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	James Carlock ☒ Change ☐ Addition
NAME	[redacted]	12 NAME	[redacted]	(N/A)
STREET ADDRESS	[redacted]	13 STREET ADDRESS		P.O. Box 7930
CITY ST ZIP	[redacted]	14 CITY-ST-ZIP		St. Petersburg, FL 33734
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: [redacted] James Carlock April 25 1995 813-522-5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308330 CP