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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G84064** **(6)**

1. Corporation Name
HUB CITY FLORIDA TERMINALS, INC.

Principal Place of Business	Mailing Address
2105 PARK AVENUE ORANGE PARK FL 32073	2105 PARK AVENUE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1984**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **36-3419299** ☐ 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

BEITLICH, PAUL D.
1491 SECOND ST.
SUITE "D"
SARASOTA FL 33577

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent required to sign after reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	YEAGER, PHILLIP C.	12 NAME	
STREET ADDRESS	377 EAST BUTTERFIELD RD, 7 FL., STE. 700	13 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MAISCH, JAN A.	22 NAME	
STREET ADDRESS	2105 PARK AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARDIN, THOMAS	32 NAME	
STREET ADDRESS	377 E. BUTTERFIELD RD, 7 FL. STE. 700	33 STREET ADDRESS	
CITY ST ZIP	LOMBARD IL	34 CITY ST ZIP	
TITLE	PTD	41 TITLE	☐ Change ☐ Addition
NAME	MAISCH, ROBERT JR.	42 NAME	
STREET ADDRESS	2105 PARK AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DAVID, YEAGER P.	52 NAME	
STREET ADDRESS	377 E. BUTTERFIELD RD, 7 FL., STE. 700	53 STREET ADDRESS	
CITY ST ZIP	LOMBARD IL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
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)(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: _____ 5-1-95 — 904-355-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004187 CP