

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84064** (6)

1. Corporation Name

HUB CITY FLORIDA TERMINALS, INC.



Principal Place of Business

**2105 PARK AVENUE
ORANGE PARK FL 32073**

Mailing Address

**2105 PARK AVENUE
ORANGE PARK FL 32073**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1984

3a. Date of Last Report

05/01/1995

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

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

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

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

(Signature of Registered Agent, name of a resident of the State of Florida)

(Print Name of Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
YEAGER, PHILLIP C.
STREET ADDRESS **377 EAST BUTTERFIELD RD, 7 FL., STE. 700**
CITY, ST, ZIP **LOMBARD IL**

TITLE ☐ DELETE
NAME **ST**
MAISCH, JAN A.
STREET ADDRESS **2105 PARK AVENUE**
CITY, ST, ZIP **ORANGE PARK FL**

TITLE ☐ DELETE
NAME **D**
HARDIN, THOMAS
STREET ADDRESS **377 E. BUTTERFIELD RD, 7 FL. STE. 700**
CITY, ST, ZIP **LOMBARD IL**

TITLE ☐ DELETE
NAME **PTD**
MAISCH, ROBERT JR.
STREET ADDRESS **2105 PARK AVENUE**
CITY, ST, ZIP **ORANGE PARK FL**

TITLE ☐ DELETE
NAME **D**
DAVID, YEAGER P.
STREET ADDRESS **377 E. BUTTERFIELD RD, 7 FL., STE. 700**
CITY, ST, ZIP **LOMBARD IL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

[Signature] **JAN A. MAISCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 904-264-6551
Date (Day/Month/Year)

CR2E034 (12/95)