

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 # **H14528** (4)

1. Corporation Name
SILVEREAGLE TRANSPORT, INC.



Principal Place of Business
**9523 FLORIDA MINING BLVD.
JACKSONVILLE FL 32257-1180**

Mailing Address
**9523 FLORIDA MINING BLVD.
JACKSONVILLE FL 32257-1180**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

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
07/30/1984

3a. Date of Last Report
03/27/1995

4. FEI Number
59-2447077

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed in block (this must be typed in block if applicable)

Date of Signature (typed in block if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
SILVERMAN, STEPHEN J.
9523 FLORIDA MINING BLVD
JACKSONVILLE FL**

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
**T
MARTIN NAUGLE
9523 FLORIDA MINING BLVD
JACKSONVILLE FL**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
TEICHERT, DAVID L
9523 FLORIDA MINING BLVD.
JACKSONVILLE FL**

☐ DELETE

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
**3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
ASHLEY, DAVID T.
9523 FLORIDA MINING BLVD.
JACKSONVILLE FL**

☐ DELETE

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
**5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
EDWARDS, SANFORD M
9523 FLORIDA MINING BLVD.
JACKSONVILLE FL**

☐ DELETE

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
**7. TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**8. TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-STATE-ZIP**

☐ DELETE

9. TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP
**10. TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**11. TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-STATE-ZIP**

☐ DELETE

12. TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-STATE-ZIP
**13. TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin C Naugle / **MARTIN NAUGLE**

6-6-96

(717) 236-7912

CR2E034 (12/95)