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 JUN 21 AM 11:49
TALLAHASSEE, FLORIDA

500001520055
-06/22/95--01010--010
****225.00 ****225.00

DOCUMENT # **H29515** **(4)**

DO NOT WRITE IN THIS SPACE

1. Corporation Name
~~M & M LEASING CORPORATION~~
ONYX TRANSPORT Inc

Principal Place of Business	Mailing Address
3507 OLETHA DRIVE APOPKA FL 32703	3507 OLETHA DRIVE APOPKA FL 32703

3. Date Incorporated or Qualified: 11/13/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: Same
Suite, Apt. #, etc 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: Same
Suite, Apt. #, etc 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2494522 ☐ 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

MAXWELL, WILMA M.
2507 OLETHA DR.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: WILMA MAXWELL
82 Street Address (P.O. Box Number is Not Acceptable): 3507 OLETHA DR.
83:
84 City: APOPKA FL 85 Zip Code: 32703

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: Wilma Maxwell — Wilma Maxwell sec/treasure — 5/16/95
(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	P	11 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, CAROLYN	12 NAME	500001520055
STREET ADDRESS	3507 OLETHA DR.	13 STREET ADDRESS	-06/22/95--01010--011
CITY ST ZIP	APOPKA FL 32703	14 CITY ST ZIP	******8.75 ******8.75
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, WILMA	22 NAME	
STREET ADDRESS	3507 OLETHA DR.	23 STREET ADDRESS	
CITY ST ZIP	APOPKA FL 32703	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	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

WM

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: Wilma Maxwell-secretary — Wilma Maxwell — 5/16/95 — 1407-886 1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0038240 CR