

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

DOCUMENT # J23707

(9)

1. Corporation Name

SPECIALTY TRANSPORT, INC.

Principal Place of Business

32 NW 156 ST.
MIAMI FL 33169
US

Mailing Address

32 NW 156 ST.
MIAMI FL 33169
US

2. Principal Place of Business

21 21245 SR 46

Suite, Apt. #, etc.

22 City & State
23 MT. Dora FL

24 Zip 32757 25 Country USA

2a. Mailing Address

26 21245 SR 46

Suite, Apt. #, etc.

27 City & State
28 MT. Dora FL

29 Zip 32757 30 Country USA

3. Date Incorporated or Qualified
07/14/1986

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2682994

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

DO NOT WRITE IN THIS SPACE.

9. Name and Address of Current Registered Agent

DEAN, WAYNE
380 NORTH SEABOARD ROAD
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name DEAN, WAYNE
82 Street Address (P.O. Box Number is Not Acceptable)
21245 SR 46
83
84 City MT. Dora FL 85 Zip Code 32757

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

Wayne Dean President Wayne Dean Pres 3/5/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEAN, WAYNE
STREET ADDRESS 380 NORTH SEABOARD ROAD
CITY - ST - ZIP NORTH MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DEAN, WAYNE
1.3 STREET ADDRESS 21245 SR 46
1.4 CITY - ST - ZIP MT. Dora, FL 32757

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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)(b), 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:

Wayne Dean President Wayne Dean Pres 3/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #