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: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K67574 (9)

1. Corporation Name
SUN STATE TRANSPORT, INC.

Principal Place of Business
C/O JOHN W. HORNE
ADAIR ROAD
DAVENPORT FL 33837

Mailing Address
26 CATTLE TRAIL
HAINES CITY FL 33844
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1989
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2933046 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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

2. Principal Place of Business
21 JOHN W. HORNE SR.
Suite, Apt. #, etc.
22 26 CATTLE TRAIL
City & State
23 HAINES CITY FL
Zip
24 33844
Country
25

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

9. **Name and Address of Current Registered Agent**

HORNE, JR., W JOHN
2639 DALE-ANN DR
P.O. BOX 2016
HAINES CITY FL 33844

10. **Name and Address of New Registered Agent**

81 Name: JOHN W. HORNE SR.
82 Street Address (P.O. Box Number is Not Acceptable): 26 CATTLE TRAIL
83
84 City: HAINES CITY, FL
85 Zip Code: 33844

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: JOHN W. HORNE SR. Pres. John W. Horne Sr. 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	P.D.T.	[X] Change [ ] Addition
NAME	HORNE, JOHN W.	1 NAME	JOHN W. HORNE SR.	
STREET ADDRESS	ADAIR ROAD, P.O. BOX 893	1 STREET ADDRESS	26 CATTLE TL	
CITY-ST-ZIP	DAVENPORT FL	1 CITY-ST-ZIP	HAINES CITY FL. 33844	
TITLE	PD	2 TITLE	V. D. S.	[X] Change [ ] Addition
NAME	HORNE, JR., JOHN W.	2 NAME	JOHN W. HORNE JR.	
STREET ADDRESS	26 CATTLE TL.	2 STREET ADDRESS	ADAIR RD P.O. 893	
CITY-ST-ZIP	HAINES CITY FL	2 CITY-ST-ZIP	DAVENPORT, FL. 33837	
TITLE		3 TITLE	D.	[ ] Change [X] Addition
NAME		3 NAME	ERNEST CRAIG JOLIN	
STREET ADDRESS		3 STREET ADDRESS	P.O. 893 J-Horne Lane	
CITY-ST-ZIP		3 CITY-ST-ZIP	Davenport FL. 33837	
TITLE		4 TITLE		[ ] Change [ ] Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		[ ] Change [ ] Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		[ ] Change [ ] Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 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 the 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: John W. Horne Sr. JOHN W. HORNE. SR. 5-3-95 813 422 7520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0448261 FP