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
1995 APR -6 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91674** **(7)**

1. Corporation Name
PHOENIX TRANSPORT & SERVICES, INC.

Principal Place of Business	Mailing Address
9661 BOYCE AVE ORLANDO FL 32824 US	PO BOX 620946 ORLANDO FL 32862-0946 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1989
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2960412 ☐ 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

SNELSON, KATHRYN W.
409 CUMBRLAND AVE.
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name: Change only one name Kathryn S. White
82 Street Address (P.O. Box Number is Not Acceptable): 409 Cumberland Ave.
83:
84 City: Ocoee FL 85 Zip Code: 34761

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: KATHRYN S. White, Sec/Treas — Kathryn S. White — 3/25/95
Signature, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, E. KENNETH	12 NAME	400001451414
STREET ADDRESS	5693 DENTON CIRCLE	13 STREET ADDRESS	-04/10/95--01011--003
CITY-ST-ZIP	NORCROSS GA	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, ANDREA H.	22 NAME	
STREET ADDRESS	5693 DENTON CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	ST ☑ Change ☐ Addition
NAME	SNELSON, KATHRYN W.	32 NAME	Kathryn S. White
STREET ADDRESS	409 CUMBERLAND AVENUE	33 STREET ADDRESS	409 Cumberland Ave
CITY-ST-ZIP	OCOEE FL	34 CITY-ST-ZIP	Ocoee, FL
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	TAW ☐ Change ☐ Addition
NAME		62 NAME	4/6/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Andrea N White, Pres — 3-28-95 — 407-857-5723
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrea H. White, Pres.

041930B FP