FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09923** **(8)**

1. Corporation Name

BENCHMARK FREIGHT FORWARDING, INC.

Principal Place of Business	Mailing Address
%ROBERT J. PRICE 5266 HWY AVE JACKSONVILLE FL 32254 US	P.O. BX 60069 5266 HWY AVE JAX FL 32236 US

3. Date Incorporated or Qualified: **08/15/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3004406** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 815 S. MAIN ST.	26 P.O. Box 418088
Suite, Apt. #, etc. 22 #600	Suite, Apt. #, etc. 27 #600
City & State 23 JAX., FL 32207	City & State 28 JAX., FL
Zip 24 32207 Country 25 US	Zip 29 32247 Country 30 US

9. Name and Address of Current Registered Agent

PRICE, ROBERT J
5266 HWY AVE
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 815 S MAIN ST. #600

83

84 City JAX., FL **FL** 85 Zip Code 32207

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 _____ (NOTE: Registered Agent Signature Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	DUROSS, H ROBERT		12 NAME		
STREET ADDRESS	~~560 KINGSLEY AVE~~		13 STREET ADDRESS	815 S. MAIN ST #500	
CITY-ST-ZIP	~~ORANGE PARK FL~~		14 CITY-ST-ZIP	JAX., FL 32207	
TITLE	C	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	FLOWERS, CHRIS		22 NAME		
STREET ADDRESS	~~560 KINGSLEY AVE.~~		23 STREET ADDRESS	815 S MAIN ST. #500	
CITY-ST-ZIP	~~ORANGE PARK FL~~		24 CITY-ST-ZIP	JAX, FL 32207	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: R.J. PRICE, AGENT 05/01/96 (904) 390-7100

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