

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

55 JAN 19 AM 11:20

DOCUMENT # L80139 (3)

1. Corporation Name

MCLAUGHLIN TRANSPORT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1208
BELLEVUE FL 32620

P.O. BOX 1208
BELLEVUE FL 32620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1990

3a. Date of Last Report

07/06/1994

4. FEI Number

59-3015028

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 **10272 SE 58th AVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Bellevue FL**

28

Zip

Country

Zip

Country

24 **34421**

25

US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAUGHLIN, DONNA
SUNSET HARBOR ROAD
BELLEVUE FL 32620**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10253 SUNSET HARBOR RD

83

84 City

FL

85

Zip Code

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

Donna P. McLaughlin

Donna McLaughlin

1/12/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **MCLAUGHLIN, DONNA**
STREET ADDRESS **SUNSET HARBOR ROAD**
CITY-ST-ZIP **BELLEVUE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
10253 SUNSET HARBOR RD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Donna P. McLaughlin

(SIGNATURE AND TYPE OR PRINTED NAME OF DONOR, OFFICER OR DIRECTOR)

DONNA P. MCLAUGHLIN

1/12/95

904-245-9117

DATE

TELEPHONE #