

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 46

DOCUMENT # M47163 (4)

1. Corporation Name

CHRISTIAN BAYOU TRANSPORT, CO.

Principal Place of Business

Mailing Address

315 E. MADISON ST., STE. 810 (33602)
P.O. BOX 2948
TAMPA FL 33601

315 E. MADISON ST., STE. 810 (33602)
P.O. BOX 2948
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/25/1987

03/02/1994

4. FEI Number

Applied For

59-2747995

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 3333 West Kennedy Blvd
Suite, Apt. #, etc.

26 3333 West Kennedy Blvd
Suite, Apt. #, etc.

22 207

27 207

23 City & State

28 City & State

24 Tampa, FL

28 Tampa, FL

24 Zip 33609

Country

29 Zip 33609

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIEGELFELD, ALLEN VON
501 EAST KENNEDY BOULEVARD
SUITE 1800
TAMPA FL 33602

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUNDSACK, ROBERT N.
STREET ADDRESS	670 GENEVA PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	MOORE, JOHN THOMAS
STREET ADDRESS	8301 HIXON ROAD
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3333 WEST KENNEDY Blvd. #207
1.4 CITY - ST - ZIP	TAMPA, FL 33609
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3333 WEST KENNEDY Blvd #207
2.4 CITY - ST - ZIP	TAMPA, FL 33609
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. MOORE

2/27/95

(813) 348-1481