

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 MAR -7 PM 3:52

DOCUMENT # M85059 (7)

1. Corporation Name

ASSOCIATED TRANSPORTATION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17561 TAYLOR DR SW
FT. MYERS FL 33912

Mailing Address

17561 TAYLOR DR SW
FT. MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0003924

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

CHUFFO, RAYMOND J
6034 LAKE GRASMER WAY SW
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81

Name

82

Street Address, P.O. Box Number, if Not Applicable

83

84

City

CHUFFO, STELLA M
17561 TAYLOR DR

FORT MYERS

FL

85

33908

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

Stella M. Chuffo

(NOTE: Registered Agent signature required when reconstituting)

DATE

3-1-95

12. OFFICERS AND DIRECTORS

TITLE	TP
NAME	CHUFFO, RAYMOND J.
STREET ADDRESS	6034 LAKE GRASMER WAY
CITY - ST - ZIP	FT. MYERS FL
TITLE	VS
NAME	CHUFFO, STELLA M
STREET ADDRESS	17561 TAYLOR DR
CITY - ST - ZIP	FT MERYS 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	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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)(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:

Stella M. Chuffo

3-1-95

(Name)

(Signature Please)