

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 # P01776 (4)

1. Corporation Name

MOTOR RAIL DELIVERY INC., OF FLORIDA

Principal Place of Business

1267 EAST 8 MILE ROAD  
FERDALE MI 48220-9636

Mailing Address

1267 EAST 8 MILE ROAD  
FERDALE MI 48220-9636



3. Date Incorporated or Qualified

04/26/1984

3a. Date of Last Report

02/01/1995

4. FEI Number

38-2373292

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, MATTHEW  
6033 E BROADWAY  
TAMPA FL 33619

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 the if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD  
SCHULTZ, EDWARD M.

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

4237 CYPRESS  
TROY MI

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

VD

1.4 CITY- ST- ZIP

TITLE

SCHULTZ, MATTHEW M.

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2599 W. BAY ILLE DR SE  
ST PETERSBURG FL

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

S D

2.4 CITY- ST- ZIP

TITLE

SCHULTZ, PAUL E

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

904 MONTROSE  
ROYAL OAK MI

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

ROYAL OAK MI

3.4 CITY- ST- ZIP

TITLE

ROYAL OAK MI

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

ROYAL OAK MI

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

ROYAL OAK MI

4.4 CITY- ST- ZIP

TITLE

ROYAL OAK MI

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

ROYAL OAK MI

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

ROYAL OAK MI

5.4 CITY- ST- ZIP

TITLE

ROYAL OAK MI

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

ROYAL OAK MI

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

ROYAL OAK MI

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (810) 546-8366

Date

Daytime Phone #

CR2E034 (12/95)