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 APR 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03736** **(6)**

1. Corporation Name

RANGER TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4057 CARMICHAEL AVE (ZIP: 32207) P O BOX 19060 JACKSONVILLE FL 32245	1000 BRIDGEPORT AVE P.O. BOX 698 SHELTON CT 06484 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1984** | 3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: **52-1308199** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or print name of registered agent, and the date executed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	D	☒ Change ☐ Addition
NAME	BOWRON, JOHN B.	12 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP		
TITLE	VTS	21 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES R.	22 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LAROSE, ROBERT C	32 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE	33 STREET ADDRESS		
CITY ST ZIP	SHELTON CT	34 CITY ST ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	GERKINS, HENRY H.	42 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE	43 STREET ADDRESS		
CITY ST ZIP	SHELTON CT	44 CITY ST ZIP		
TITLE	DP	51 TITLE	D /C/P	☒ Change ☐ Addition
NAME	SHEPHARD, JAMES B.	52 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	MCMANUS, WILLIAM T	62 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE	63 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	64 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)(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: _____ Robert C. LaRose 4/10/95 (203) 925-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003783 FP