

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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION • ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04156 (6)

1. Corporation Name
HERTZ TRANSPORTING, INC.

Principal Place of Business 225 BRAE BLVD PARK RIDGE NJ 07656-0713	Mailing Address 225 BRAE BLVD PARK RIDGE NJ 07656-0713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1984	3a. Date of Last Report 04/27/1994
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 13-3215204	Applied For ☐ Not Applicable
24. ZIP	25. County	29. ZIP	30. County	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No				8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				01. Name	
				02. Street Address (P.O. Box Number is Not Acceptable)	
				03. City	
				04. State	FL
				05. Zip Code	

11. Pursuant to the provisions of Sections 607.0603 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 the new registered agent Florida Statutes.

SIGNATURE _____
Name of Registered Agent _____
Name of Corporation _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME	PD KOCH, CRAIG R. 225 BRAE BLVD PARK RIDGE NJ	1. NAME	☐ Change ☐ Addition
02. STREET ADDRESS	225 BRAE BLVD	2. NAME	☐ Change ☐ Addition
03. CITY & STATE	PARK RIDGE NJ	3. NAME	☐ Change ☐ Addition
04. NAME	VS TSCHIRHART, PAUL M. 225 BRAE BLVD PARK RIDGE NJ	4. NAME	☐ Change ☐ Addition
05. STREET ADDRESS	225 BRAE BLVD	5. NAME	☐ Change ☐ Addition
06. CITY & STATE	PARK RIDGE NJ	6. NAME	☐ Change ☐ Addition
07. NAME	T RILLINGS, ROBERT H. 225 BRAE BLVD PARK RIDGE NJ	7. NAME	☐ Change ☐ Addition
08. STREET ADDRESS	225 BRAE BLVD	8. NAME	☐ Change ☐ Addition
09. CITY & STATE	PARK RIDGE NJ	9. NAME	☐ Change ☐ Addition
10. NAME	VD STEELE, DONALD F. 225 BRAE BLVD PARK RIDGE NJ	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	225 BRAE BLVD	11. NAME	☐ Change ☐ Addition
12. CITY & STATE	PARK RIDGE NJ	12. NAME	☐ Change ☐ Addition
13. NAME	VD SIDER, WILLIAM 225 BRAE BLVD PARK RIDGE NJ	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	225 BRAE BLVD	14. NAME	☐ Change ☐ Addition
15. CITY & STATE	PARK RIDGE NJ	15. NAME	☐ Change ☐ Addition
16. NAME	AS SZOT, JOHN M. 225 BRAE BLVD PARK RIDGE NJ	16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	225 BRAE BLVD	17. NAME	☐ Change ☐ Addition
18. CITY & STATE	PARK RIDGE NJ	18. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 of this filing. I do hereby certify.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Szot, Asst. Secretary

Apr. 7, 1995 (201) 307-2366

10-1156

HERTZ TRANSPORTING, INC.
DIRECTORS AND OFFICERS

DIRECTORS

Craig R. Koch
202-34-5359

William Sider
334-26-9757

Donald F. Steele
164-30-0569

HOME ADDRESS

P.O. Box 527
Park Ridge, NJ 07656

19 Clover Place
Cos Cob, CT 06807

280 Park Avenue South
New York, NY 10010

OFFICE ADDRESS

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

OFFICERS

Craig R. Koch
President

William Sider
Vice President

Donald F. Steele
Vice President

Paul M. Tschirhart
Vice President
& Secretary
379-40-9903

Robert H. Rillings
Treasurer
061-32-9375

Lauren S. Babus
Assistant Treasurer
058-38-6395

I. David Parkoff
Assistant Secretary
079-34-0555

Robert S. Regan
Assistant Secretary
018-32-5611

John M. Szot
Assistant Secretary
149-46-7566

P.O. Box 527
Park Ridge, NJ 07656

19 Clover Place
Cos Cob, CT 06807

280 Park Avenue South
New York, NY 10010

3 Nottingham Court
Old Tappan, NJ 07675

301 S. Chestnut Street
Washington Twp., NJ 07675

185 Van Winkle Lane
Mahwah, NJ 07430

104 Harold Avenue
Hewlett Neck, NY 11598

21 Walker Lane
Weston, CT 06883

38 South Fifth Street
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

225 Brae Boulevard
Park Ridge, NJ 07656

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P04179

(8)

1. Corporation Name

ALL GULF CONTRACTORS, INC.

Principal Place of Business

**3654 HALLS MILL ROAD
MOBILE AL 36693**

Mailing Address

**3654 HALLS MILL ROAD
MOBILE AL 36693**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1984

3a. Date of Last Report

04/19/1994

4. FET Number

63-0794896

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. 189.035,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

ZIP

24

25

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32

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34

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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

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

11. Pursuant to the provisions of Sections 601.04(2) and 607.15(4), Florida Statutes, the above named corporation certifies the 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, thereby accept the appointment its registered agent. I am familiar with and accept the obligations of Sections 601.04(2) and 607.15(4), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent or Secretary or Treasurer

Signature of Registered Agent or Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
FREY, CHARLES B.
NO. 1 HALEY'S LANE
DAPHNE AL**

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
MASON, CHARLES A.
1104 WILLIAMSBURG DR.
MOBILE AL**

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

**ST
LENTZ, BECKY
7070 HUNTINGTON CT. N.
MOBILE AL**

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

12g

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13d

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13e

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13f

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13g

NAME

STREET ADDRESS

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 stipulated in Section 220.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 treasurer or highest empowered officer of the corporation, as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, which is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (334)664-5199