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 FEB 13 AM 11:19

DOCUMENT # P09638 (8)

1. Corporation Name
DRUG TRANSPORT, INC.

Principal Place of Business	Mailing Address
BOX 1678 TUCKER GA 30085-8678	BOX 1678 TUCKER GA 30085-8678

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1986
3a. Date of Last Report: 03/14/1994

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) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 58-1452791 ☐ 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, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, RICHARD S.	12 NAME	
STREET ADDRESS	485 COVINGTON COVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HUDSON, DAVID W.	22 NAME	
STREET ADDRESS	1830 CHEDWORTH LN	23 STREET ADDRESS	
CITY-ST-ZIP	STONE MOUNTAIN GA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DARIN, JOHN J.	32 NAME	
STREET ADDRESS	4696 TRINITY COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	✓ ☒ Change ☐ Addition
NAME	MOSELEY, JAMES B.	42 NAME	LOCKWOOD, RICHARD S. JR.
STREET ADDRESS	7655 S. SPALDING LAKE DR	43 STREET ADDRESS	485 COVINGTON COVE
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, C W	52 NAME	
STREET ADDRESS	485 COVINGTON COVE	53 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	V ☐ Change ☒ Addition
NAME	J.	62 NAME	JAMES D. MUSGRAVE
STREET ADDRESS		63 STREET ADDRESS	10595 TIMBERSTONE RD.
CITY-ST-ZIP		64 CITY-ST-ZIP	ALPHARETTA, GA 30202

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: James D Musgrave JAMES D. MUSGRAVE 2/2/95 (404)938-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0390015 FP