

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

04/02/1986

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME LOCKWOOD, RICHARD S.
STREET ADDRESS 485 COVINGTON COVE
CITY-ST-ZIP ALPHARETTA GA

TITLE D ☐ DELETE
NAME HUDSON, DAVID W.
STREET ADDRESS 1830 CHEDWORTH LN
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE V ☐ DELETE
NAME DARIN, JOHN J.
STREET ADDRESS 4696 TRINITY COURT
CITY-ST-ZIP MARIETTA GA

TITLE V ☐ DELETE
NAME LOCKWOOD, RICHARD S. J
STREET ADDRESS 485 COVINGTON COVE
CITY-ST-ZIP ALPHARETTA GA

TITLE ST ☐ DELETE
NAME LOCKWOOD, C W
STREET ADDRESS 485 COVINGTON COVE
CITY-ST-ZIP ALPHARETTA GA

TITLE V ☐ DELETE
NAME MUSGRAVE, JAMES D.
STREET ADDRESS 10535 TIMBERSTONE RD.
CITY-ST-ZIP ALPHARETTA GA

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 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:

James D. Musgrave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

(770) 938-8700

Daytime Phone #

CR2E034 (12/95)