

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P09638 (8)  
1. Corporation Name  
DRUG TRANSPORT, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1452791		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, RICHARD S.	1.2 NAME	
STREET ADDRESS	485 COVINGTON COVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ALPHARETTA GA	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, DAVID W.	2.2 NAME	
STREET ADDRESS	1830 CHEDWORTH LN	2.3 STREET ADDRESS	
CITY-STATE-ZIP	STONE MOUNTAIN GA	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIN, JOHN J.	3.2 NAME	
STREET ADDRESS	4896 TRINITY COURT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, RICHARD S. J	4.2 NAME	
STREET ADDRESS	485 COVINGTON COVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ALPHARETTA GA	4.4 CITY-STATE-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, C W	5.2 NAME	
STREET ADDRESS	485 COVINGTON COVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ALPHARETTA GA	5.4 CITY-STATE-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGRAVE, JAMES D.	6.2 NAME	
STREET ADDRESS	10535 TIMBERSTONE RD.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ALPHARETTA GA	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing 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 \_\_\_\_\_ DATE 4/17/98

CR2E034 (10/97)