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04

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 APR -6 AM 6:27

DOCUMENT # **P36163** **(4)**

1. Corporation Name
SMX TRANSPORT, INC.

Principal Place of Business	Mailing Address
345 ENTERPRISE ST. OCOEE FL 34761	345 ENTERPRISE ST. OCOEE FL 34761

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1991**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **16-1269793** ☐ 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

HOEPKER, TODD M., ESQ.
2300 SUNBANK CTR 200 S ORANGE AVE
ORLANDO FL 32802

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 familar 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	CDP	1 1 TITLE	☐ Change ☐ Addition
NAME	COOKE, LAURENCE H.	1 2 NAME	
STREET ADDRESS	603 MILL ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	WATERTOWN NY	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	MATICE, GARY	2 2 NAME	
STREET ADDRESS	P. O. BOX 102 N/A	2 3 STREET ADDRESS	
CITY-ST-ZIP	CHAUMONT NY	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, PETER J.	3 2 NAME	
STREET ADDRESS	6350 METROWEST BLVD	3 3 STREET ADDRESS	
CITY ST ZIP	PRLANDO FL 32835	3 4 CITY ST ZIP	
TITLE	TD	4 1 TITLE	☐ Change ☐ Addition
NAME	MATICE, GARY	4 2 NAME	
STREET ADDRESS	BOX 102 N/A	4 3 STREET ADDRESS	
CITY-ST-ZIP	CHAUMONT NY	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Laurence H Cooke Jun 3/3/95 3/5-782-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377801 CR