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

APPROVED AND FILED

95 MAY -1 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38524** **(5)**

1. Corporation Name

FULMER TRANSPORT, INC.

Principal Place of Business	Mailing Address
9831 S. ORANGE AVE. ORLANDO FL 32824 US	P. O. BOX 620397 ORLANDO FL 32862-0397 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business
21: 9526 Sidney Hayes Rd.
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32824 25: Country: US

2a. Mailing Address
26: P.O. Box 620397
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32862-0397 30: Country: US

4. FEI Number: 59-3113664 ☐ 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

FULMER, MACK
1141 WINDSONG DR.
ORLANDO FL 32809

Margaret

10. Name and Address of New Registered Agent

81 Name: Margaret Fulmer
82 Street Address (P.O. Box Number is Not Acceptable): 1141 Windsong Drive
83:
84 City: Orlando, FL 85 Zip Code: 32809

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: Margaret L. Fulmer — DATE: 4-26-95
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	CPT	11 TITLE	☐ Change ☐ Addition
NAME	FULMER, CASSANDRA	12 NAME	
STREET ADDRESS	3235 MILTON LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	FULMER, MARGARET	22 NAME	
STREET ADDRESS	1141 WINDSONG DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAREY, MARLENE	32 NAME	
STREET ADDRESS	724 COQUINA COURT	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Margaret L. Fulmer — 4-26-95 — 407-859-4114
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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