

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P39882 (6)**

1. Corporation Name  
**AUCTION TRANSPORT, INC.**



Principal Place of Business: **1100 SE HAMBLEN RD LEE'S SUMMIT MO 64801 US**

Mailing Address: **435 METROPLEX DR. NASHVILLE TN 37211-3109 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>43-1202790</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<del>OO</del>	<input type="checkbox"/> DELETE	
NAME	<b>RICHARDSON, MICHAEL J.</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>435 METROPLEX DRIVE</b>		
CITY-ST-ZIP	<b>NASHVILLE TN</b>		
TITLE	<del>PASD</del>	<input type="checkbox"/> DELETE	
NAME	<b>MILLER, RICHARD H.</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>14412 WEST 83RD</b>		
CITY-ST-ZIP	<b>LEAWOOD KS</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	
NAME	<b>PHIPPS, KOLEEN A.</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1100 S.E. HAMBLEN ROAD</b>		
CITY-ST-ZIP	<b>LEE'S SUMMIT MO</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	
NAME	<b>BUZZELL, JAMES R.</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>435 METROPLEX DRIVE</b>		
CITY-ST-ZIP	<b>NASHVILLE TN</b>		
TITLE	<del>AT</del>	<input type="checkbox"/> DELETE	
NAME	<b>RUZKA, STEPHEN J.</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2255 GLADES ROAD</b>		
CITY-ST-ZIP	<b>BOCA RATON FL</b>		
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE	
NAME	<b>BECK, JAN S.</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2255 GLADES ROAD</b>		
CITY-ST-ZIP	<b>BOCA RATON FL</b>		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4/28/97** **761-988-3600**

CP2E034 (9/96)