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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027820 (8)**

1. Corporation Name
PROFICIENT AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
8139 HERLONG RD. JACKSONVILLE FL 32210	7451-13 STE 5D JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1993	3a. Date of Last Report: 05/20/1994

21	2. Principal Place of Business: 10527 PEBBLE BEACH CT.	26	2a. Mailing Address: 7451-13 103RD street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc: suite 50
23	City & State: JACKSONVILLE FL	28	City & State: JACKSONVILLE FL
24	Zip: 32222	25	County: USA
29	Zip: 32210	30	County: USA

4. FEI Number: 59-3190132 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDCASTLE, JOANNE B 7451-13 103RD ST STE 5D JACKSONVILLE FL 32210	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 _____ (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HARDCASTLE, PATRICK M	1.2 NAME	
STREET ADDRESS	7451-13 103RD ST STE 5D	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDCASTLE, JOANNE B	2.2 NAME	
STREET ADDRESS	7451-13 103RD ST STE 5D	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		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 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 above or on an attachment with an address.

SIGNATURE: Joanne B Hardcastle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

904-779-1729
Daytime Phone #

0408000 FP