

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

FILED

Jan 31 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 # P93000027820 (8)

1. Corporation Name:

PROFICIENT AUTO TRANSPORT, INC.



Principal Place of Business

10527 PEBBLE BEACH COURT
JACKSONVILLE FL 32222
US

Mailing Address

7451-403 STREET
SUITE-60
JACKSONVILLE FL 32210-9300
US

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

04/08/1996

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 10527 PEBBLE BEACH CT

27 Suite, Apt. #, etc.

28 JACKSONVILLE FL

29 32222

30 USA

9. Name and Address of Current Registered Agent

HARDCASTLE, JOANNE B
7451-13 103RD ST
STE 50
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

JOANNE B HARDCASTLE

82 Street Address (P.O. Box Number is Not Acceptable)

PROFICIENT AUTO TRANSPORT

83

10057 103 RD Street

84

JACKSONVILLE FL

85 Zip Code

32210

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

Signature type: For printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | HARDCASTLE, PATRICK M | |
| STREET ADDRESS | 7451-13 103RD ST STE 50 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | HARDCASTLE, JOANNE B | |
| STREET ADDRESS | 7451-13 103RD ST STE 50 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOANNE B HARDCASTLE | |
| 1.3 STREET ADDRESS | 10057 103 RD STREET | |
| 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| 2.1 TITLE | V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PATRICK HARDCASTLE | |
| 2.3 STREET ADDRESS | 10057 103 RD STREET | |
| 2.4 CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 if changed, or on an attachment with an address.

SIGNATURE:

JOANNE B HARDCASTLE

1-15-97 904-779-1729

Date

Daytime Phone #

CR2E034 (9/96)