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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

400001472784
-05/03/95--01041--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000060843

1. Corporation Name

W. T. TRANSPORT, INC

Principal Place of Business	Mailing Address
2877-D W. THARPE ST	P.O. BOX 3122
	TALLA, FL. 32315-3122

3. Date Incorporated or Qualified: 6-3-93
3a. Date of Last Report: 5-1-94

2. Principal Place of Business	2a. Mailing Address
21 2877-D W. THARPE ST	26 P.O. BOX 3122
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 TALLAHASSEE, FL
City & State 23 TALLA, FL.	City & State 28 32
Zip 24 32303 County 25 LEON	Zip 29 32315-3122 County 30 LEON

4. FEI Number: 59-3199531 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT A. PIERCE 227 S. CALHOUN ST. TALLAHASSEE, FL. 32301	81 Name: ROBERT A. PIERCE 82 Street Address (P.O. Box Number is Not Acceptable): ~~2877-D~~ 227 S. CALHOUN ST. 83 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CHARLIE J. WALKER P-D 2877-D W. THARPE ST. TALLAHASSEE FL 32303	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DAVID A. TRYKOWSKI VP 2877-D W. THARPE ST. ~~SAME AS ABOVE~~ TALLAHASSEE FL 32303	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DONALD J. TRYKOWSKI VP 2877 D W. THARPE ST TALLAHASSEE FL 32303	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ANN M. TRYKOWSKI S-T 2877 W. THARPE ST. TALLAHASSEE FL. 32303	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	NORMAN TRYKOWSKI D 2877-D W. THARPE ST. TALLAHASSEE, FL. 32303	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Gary M. Trykowski — April 25, 1995 — 575-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #