FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **P93000060944 (4)**

1. Corporation Name
KAJE TRANSPORT, INC.

Principal Place of Business:
6200 HWY 544 E
WINTER HAVEN FL 33881

Mailing Address:
6200 HWY 544 E
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1993**
3a. Date of Last Report: **03/28/1994**

4. FEI Number: ~~APPLIED FOR~~ 59-3206283 — 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 / 2a. Mailing Address
21 / 26 — Suite, Apt. #, etc.
22 / 27 — City & State
23 / 28 — Zip, Country
24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

REILLY, ANDREW R
95 S 10TH ST
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, KENT L
STREET ADDRESS	5110 BUTLER RD
CITY-ST-ZIP	CANANDAIGUA NY 14424
TITLE	D
NAME	JOHNSON, PATRICIA H
STREET ADDRESS	5110 BUTLER RD
CITY-ST-ZIP	CANANDAIGUA NY 14424
TITLE	D
NAME	JOHNSON, KENNETH F
STREET ADDRESS	5066 BUTLER RD
CITY-ST-ZIP	CANANDAIGUA NY 14424
TITLE	D
NAME	RICCIO, KIMBERLY J
STREET ADDRESS	3571 MIDDLE CHESHIRE RD
CITY-ST-ZIP	CANANDAIGUA NY 14424
TITLE	D
NAME	JOHNSON, KEVIN L
STREET ADDRESS	608 W LAKE RD
CITY-ST-ZIP	CANANDAIGUA NY 14424
TITLE	D
NAME	JOHNSON, KYLE W
STREET ADDRESS	5110 BUTLER RD
CITY-ST-ZIP	CANANDAIGUA NY 14424

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

(1–6: TITLE, NAME, STREET ADDRESS, 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: X Patricia H Johnson — X 5/3/95 — X 716-924-9951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia H. Johnson

0310336 CF