

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:44

DOCUMENT # **P93000072182 (7)**

LAHOUT TRANSPORT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 950 STARFLOWER AVE SEBASTIAN FL 32958
Mailing Address: 950 STARFLOWER AVE SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
State, Apt. #, etc. State, Apt. #, etc.

4. FID Number: 59-3211368
Applied For: Not Applicable

22. City & State: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. City: 25 Country: 29 Zip: 30

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAHOUT, JOSEPH M JR
950 STARFLOWER AVE
SEBASTIAN FL 32958

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 607.06(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE:

Signature of Current Registered Agent (Required for all Registrations)

Signature of New Registered Agent (Required for all Registrations)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAHOUT, JOSEPH M JR
STREET ADDRESS	950 STARFLOWER AVE
CITY, ST, ZIP	SEBASTIAN FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered agent of the corporation and I understand the requirements of this chapter of the Florida Statutes, and that my name is approved by the Florida Department of State for registration.

SIGNATURE: *Joseph M. Lahout, Jr.*
JOSEPH M. LAHOUT, JR., PRES.

4/28/95
407-589-6865
0074710 CP