

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081504 (1)

1. Corporation Name

WAR-MAR TRANSPORT, INC.



Principal Place of Business
11211 SHERROUSE RD
LAKELAND FL 33809

Mailing Address
11211 SHERROUSE RD
LAKELAND FL 33809

3. Date Incorporated or Qualified 11/19/1993 3a. Date of Last Report 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3209592	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CUMMINGS, MARY B
11211 SHERROUSE RD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

8.1 Name
8.2 Street Address (P.O. Box Number is Not Acceptable)
8.3
8.4 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

Signature typed or printed below of registered agent and then applicable

(Date) (Signature) (Typed Name) (Typed Address) (Typed City) (Typed State) (Typed Zip)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CUMMINGS, MARY B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11211 SHERROUSE RD	12 NAME	
STREET ADDRESS	LAKELAND FL 33809	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	D BENNETT, JERRY E SR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13904 2ND STREET	22 NAME	
STREET ADDRESS	DADE CITY FL	23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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)(k), 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: MARY B. CUMMINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary B. Cummings

4/23/96

Date

813-547-6366

Phone Number

CR2E034 (12/95)