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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081504 (1)

WAR-MAR TRANSPORT, INC.

Mailing Address Principal Place of Business 11211 SHERROUSE RD LAKELAND FL 80010-10 LAKELAND FL 33809 7116 18 th. St.N. Pinellas Park 71 33781 3. Date Incorporated or Qualified Sa. Date of Last Report 11/19/1993 04/29/1996 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 59-3209592 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional М 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUMMINGS, MARY B 7116 78th. st.n 41211 SHERROUSE RD PINELLAS PARK, FL 33781 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33800 83 84 City 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 farmiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dioriprinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition TILLE 11 TITLE NAME CUMMINGS, MARY B 1.2 NAME CRZE034 7116 78th. ST. N. 11211 SHERROUSE RD 1.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL LAKELAND FL-83809 1.4 CITY-ST-ZIP CITY - ST 33781 DELETE Change ___ Addition 2.1 TITLE THEF BENNETT, JERRY E SR NAME 22 NAME 13904 2ND STREET STREET ADDRESS 23 STREET ADDRESS DADE CITY FL 2 4 CITY-ST-ZIP CITY-S1-70F Change DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-SI-ZIP DELETE 5.1 TITLE Addition TOLE 5.2 NAME NAME STREET ACORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-\$1-7°

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.

61 TITLE

62 NAME

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE

THE

NAME

STREET ADDRESS

Ciffy - ST - ZIP

O LONG BUT CONTROLL OF FRANCE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

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813-547-6366 Destine Plone 1

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Addition

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May 07 1997 8:00am

Secretary of State