

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

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95 APR -7 AM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **P93000084667 (3)**

1. Corporation Name  
**GUARDIAN TRANSPORT, INC.**

Principal Place of Business Mailing Address

**2207 WELLS ROAD  
AUBURNDALE FL 33823**

**P. O. BOX 1716  
AUBURNDALE FL 33823  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1993** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-3217711** 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 2b. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State **AUBURNDALE, FL** 27. City & State **AUBURNDALE, FL**

23. Zip 28. Zip

24. County 29. County

9. Name and Address of Current Registered Agent

**HIGGINBOTHAM, ROBERT N JR  
141 MCKAY DRIVE  
APT. 4  
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 607.02(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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1011	<b>P HIGGINBOTHAM, ROBERT N JR 141 MCKAY DRIVE, APT. A HAINES CITY FL</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1012	<b>V CASTLEBERRY, ANN D 2207 WELLS ROAD AUBURNDALE FL</b>	12. NAME	
1013		13. STREET ADDRESS	
1014		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1015		15. TITLE	
1016		16. NAME	
1017		17. STREET ADDRESS	
1018		18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1019		19. TITLE	
1020		20. NAME	
1021		21. STREET ADDRESS	
1022		22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1023		23. TITLE	
1024		24. NAME	
1025		25. STREET ADDRESS	
1026		26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1027		27. TITLE	
1028		28. NAME	
1029		29. STREET ADDRESS	
1030		30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *Ann D. Castleberry* **Ann D. Castleberry** 4/3/95 813-965-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR