FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 25 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086725 (7)**

1. Corporation Name

RRR TRANSPORT, INC.

Principal Place of Business	Mailing Address
2965 HUNTERS LANE STE. 21 OVIEDO FL 32766 US	2965 HUNTERS LANE STE. 21 OVIEDO FL 32766 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business — 21: 2965 Hunters Ln
2a. Mailing Address — 26: 2965 Hunters Ln

4. FEI Number: 59-3215092 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.: —
27 Suite, Apt. #, etc.: —

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Oviedo FL.
28 City & State: Oviedo FL.

24 Zip: 32766 — 25 Country
29 Zip: 32766 — 30 Country

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

9. Name and Address of Current Registered Agent

RIVERA, ROLANDO
409 SHEOAH BLVD.
STE. 21
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Rivera, Rolando
82 Street Address (P.O. Box Number is Not Acceptable): 2965 Hunters Ln
83:
84 City: Oviedo FL 85 Zip Code: 32766

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	RIVERA, ROLANDO	12 NAME	Rivera, Rolando	
STREET ADDRESS	409 SHEOAH BLVD. STE. 21	13 STREET ADDRESS	2965 Hunters Ln	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	Oviedo, FL 32766	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	RIVERA, RHONDA	22 NAME	Rivera, Rhonda	
STREET ADDRESS	409 SHEOAH BLVD. STE. 21	23 STREET ADDRESS	2965 Hunters Ln	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	Oviedo, FL. 32766	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: Rhonda Rivera, Rhonda Rivera 5-30-95 (407) 359-7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416467 FP