

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087607 (6)

1. Corporation Name

CORONADO TRANSPORTATION, INC.

Principal Place of Business

**307 OLD COUNTRY RD.
EDGEWATER FL 32132**

Mailing Address

**307 OLD COUNTRY RD.
EDGEWATER FL 32132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3213744

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**

7. This corporation has liability for a changeable law under G. 199-002.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. # etc

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROTTY, W. GARRETT ESQ.
501 N. GRANDVIEW AVE.
DAYTONA BEACH FL 32118**

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 607.0502 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 607.0508, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when mandating.

(S11)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BOSSET, CHRISTIAN**
STREET ADDRESS **308 OLD COUNTRY RD**
CITY ST ZIP **EDGEWATER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **KEESECKER, ROBERT P**
STREET ADDRESS **308 OLD COUNTRY ROAD**
CITY ST ZIP **EDGEWATER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **DILL, DAVID**
STREET ADDRESS **308 OLD COUNTRY ROAD**
CITY ST ZIP **EDGEWATER FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **Boshell, Greg**
STREET ADDRESS **48 Walker Street**
CITY ST ZIP **Canada Bay NSW Australia 2046**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☒ Addition

TITLE **D**
NAME **Ward, George**
STREET ADDRESS **5275 Peachtree Industrial Blvd.**
CITY ST ZIP **Atlanta, GA 30341**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Robert P. Keeseker
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR
Robert P. Keeseker

4/20/95

(S11) (S11)