

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 13 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004117 (5)

1. Corporation Name

PROFREIGHT TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
1026 NANCY CIR WINTER SPRINGS FL 32708	1026 NANCY CIR WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 856 Bentley Green Circle	26 same	59-3223667	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
Winter Springs /FL	28 same	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24 32708	29 same		
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent												
STOCKHAMMER, R.W. 1026 NANCY CIR WINTER SPRINGS FL 32708	<table border="1"> <tr> <td>81 Name</td> <td>R.W. Stockhammer</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>856 Bentley Green Circle</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Winter Springs</td> </tr> <tr> <td>85 State</td> <td>FL</td> </tr> <tr> <td>86 Zip Code</td> <td>32708</td> </tr> </table>	81 Name	R.W. Stockhammer	82 Street Address (P.O. Box Number is Not Acceptable)	856 Bentley Green Circle	83		84 City	Winter Springs	85 State	FL	86 Zip Code	32708
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83													
84 City	Winter Springs												
85 State	FL												
86 Zip Code	32708												

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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] DATE: 2/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.W. Stockhammer	1.2 NAME	
STREET ADDRESS	856 Bentley Green Circle	1.3 STREET ADDRESS	
CITY- ST- ZIP	Winter Springs /FL 32708	1.4 CITY- ST- ZIP	
TITLE	V.P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sigrid Stockhammer	2.2 NAME	
STREET ADDRESS	same as above	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] RW STOCKHAMMER 2/8/95