ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 1:09

DOCUMENT # P94000005846 (8)

1. Corporation Name
GILCHRIST TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 547 TRENTON FL 32693	P.O. BOX 547 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3220037 ☐ 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

9. Name and Address of Current Registered Agent

GALLOWAY, T.C.
MAIN STREET
CROSS CITY FL 33628

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 607.0502 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 _____
Signature, typed or printed 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		
TITLE	D	1.1 TITLE	D/CB	☑ Change ☐ Addition
NAME	GALLOWAY, T.C.	1.2 NAME	Galloway, T.C.	
STREET ADDRESS	P.O. BOX 1992 N/A	1.3 STREET ADDRESS	1992 Cedar Street	
CITY-ST-ZIP	CROSS CITY FL 33628	1.4 CITY-ST-ZIP	Cross City, Fl. 32628	
TITLE		2.1 TITLE	D/P	☐ Change ☒ Addition
NAME		2.2 NAME	Miller, Anthony	
STREET ADDRESS		2.3 STREET ADDRESS	1992 Cedar Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cross City, Fl. 32628	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	McNeil, Vanessa	
STREET ADDRESS		3.3 STREET ADDRESS	1992 Cedar Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cross City, Fl. 32628	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	McKenney, Yvonne	
STREET ADDRESS		4.3 STREET ADDRESS	1992 Cedar Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cross City, Fl. 32628	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: T.C. Galloway 1-25-95 (904) 498-0128
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Title Date Area Code & Daytime Phone Number

0413077 FP