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

APPROVED AND FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007834 (2)**

1. Corporation Name
HEIDRICH TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
1300 SOUTH FRENCH AVE. SUITE 17 SANFORD FL 32771	1300 SOUTH FRENCH AVE. SUITE 17 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 260 Maitland Ave	26 P.O. Box 151058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Altamonte Springs	27 Altamonte Springs FL
City & State	City & State
23 32715	28 32715-1058
Zip / Country: 24 / 25	Zip / Country: 29 / 30

4. FEI Number: 59-3221906 ☐ 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	10. Name and Address of New Registered Agent
HEIDRICH, DAVID 1300 S. FRENCH AVENUE SUITE 17 SANFORD FL 32771	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 260 Maitland Ave 83 84 City: Altamonte Springs FL 85 Zip Code: 32715-1058

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mail-in filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	HEIDRICH, DAVID	12 NAME		
STREET ADDRESS	1300 S. FRENCH AVE., SUITE 17	13 STREET ADDRESS	260 Maitland Ave	
CITY-ST-ZIP	SANFORD FL 32771	14 CITY-ST-ZIP	Altamonte Springs, Fl 32715	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	HEIDRICH, BEVERLY B	22 NAME		
STREET ADDRESS	1300 S. FRENCH AVE., SUITE 17	23 STREET ADDRESS	260 Maitland Ave	
CITY-ST-ZIP	SANFORD FL 32771	24 CITY-ST-ZIP	Altamonte Springs, Fl 32715	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	HEIDRICH, FRANCIS X SR.	32 NAME		
STREET ADDRESS	600 WESTWIND COURT	33 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	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: David G. Heidrich 4-28-95 (407)767-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David G. Heidrich-President

0043789 CP