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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:38

DOCUMENT # P94000018083 (3)

1. Corporation Name
PLUS-ONE TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
15321 S. DIXIE HWY. # 209 MIAMI FL 33157	15321 S. DIXIE HWY. # 209 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3791 Edison Ave,
22: Suite, Apt. #, etc.
23: City & State: Ft. Myers, Fl
24: Zip: 33916
25: Country: Lee

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0470509 ☒ 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

WOLFSON, DAVID
15321 S. DIXIE HWY.
209
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Patricia Ward
82 Street Address (P.O. Box Number is Not Acceptable): 3791 Edison Ave
83:
84 City: Ft. Myers FL 85 Zip Code: 33916

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: Patricia Ward Patricia Ward 2-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director VP	☒ Change ☐ Addition
NAME	WARD, RAYMOND	1.2 NAME		
STREET ADDRESS	15321 S. DIXIE HWY., # 209	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Director/Secretary	☒ Change ☐ Addition
NAME	WARD, PATRICIA	2.2 NAME		
STREET ADDRESS	15321 S. DIXIE HWY., # 209	2.3 STREET ADDRESS	3791 Edison Ave	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Ft. Myers Fl 33916	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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: Patricia Ward Patricia Ward 2-8-95 813 332-3251
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0170035 CP