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 MAY -1 AM 11:31

DOCUMENT # P94000041590 (8)

1. Corporation Name
LASSITER TRANSPORTATION GROUP, INC.

Principal Place of Business	Mailing Address
15 S. ORANGE AVENUE ORLANDO FL 32801	15 S. ORANGE AVENUE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business: 21
Suite, Apt. # etc.: 22
City & State: 23
Zip: 24 County: 25

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

4. FEI Number: 59 - 3249007 [ ] 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
LATHAM, PETER G 111 N. ORANGE AVENUE SUITE 1800 ORLANDO FL 32801	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 of Registered Agent) ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 TITLE	[ ] Change [ ] Addition
NAME	R. Sans Lassiter	1 NAME	
STREET ADDRESS	15 S. Orange Avenue	1 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32801	1 CITY-ST-ZIP	
TITLE	Vice President	2 TITLE	[ ] Change [ ] Addition
NAME	Kathryn Roberta Lassiter	2 NAME	
STREET ADDRESS	15 S. Orange Avenue	2 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32801	2 CITY-ST-ZIP	
TITLE	Treasurer	3 TITLE	[ ] Change [ ] Addition
NAME	Kathryn Roberta Lassiter	3 NAME	
STREET ADDRESS	Same as above	3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	Secretary	4 TITLE	[ ] Change [ ] Addition
NAME	Kathryn Roberta Lassiter	4 NAME	
STREET ADDRESS	Same as above	4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	RECEIVED BY MAY 1
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: [signature] 4/25/95 407-481-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0062271 CP