SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 22 PM 2:27

DOCUMENT # P94000056612 (2)

1. Corporation Name
B.L.T. TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
495 DICK KING RD. YULEE FL 32097	495 DICK KING RD. YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 495 Dick King	2a. Mailing Address 26: PO Box 294
Suite, Apt. #, etc. 22: Yulee	Suite, Apt. #, etc. 27:
City & State 23: FLA	City & State 28: Yulee
Zip 24: 32097 Country 25: NASSAU	Zip 29: 32097 Country 30: Nassau

4. FEI Number: 59-3267629 ☐ 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
TURNER, BARBARA L 495 DICK KING RD. YULEE FL 32097	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Pres	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, BARBARA L	12 NAME	
STREET ADDRESS	495 DICK KING RD.	13 STREET ADDRESS	
CITY ST ZIP	YULEE FL 32097	14 CITY ST ZIP	
TITLE	D V.Pres.	21 TITLE	☐ Change ☐ Addition
NAME	TURNER, JAMES W	22 NAME	
STREET ADDRESS	495 DICK KING RD.	23 STREET ADDRESS	
CITY ST ZIP	YULEE FL 32097	24 CITY ST ZIP	
TITLE	D Treas.	31 TITLE	☐ Change ☐ Addition
NAME	TURNER, THOMAS E	32 NAME	
STREET ADDRESS	6840 PICKETTVILLE RD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	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	

CR2E034 (3/95)

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: Barbara L Turner 6/09/95 225-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123513 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 5/1/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # P94000058321 (8)

1. Corporation Name

LAZDEORT ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
9010 NW 38TH DRIVE APT. 4 CORAL SPRINGS FL 33065	9010 NW 38TH DRIVE APT. 4 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 2139 UNIVERSITY DRIVE
Suite, Apt. #, etc. 22: SUITE 327
City & State 23: CORAL SPRINGS, FL.
Zip 24: 33071 Country 25: BROWARD

2a. Mailing Address 26: 2139 UNIVERSITY DRIVE
Suite, Apt. #, etc 27: SUITE 327
City & State 28: CORAL SPRINGS, FL.
Zip 29: 33071 Country 30: BROWARD

4. FEI Number: 65-0507014 ☐ 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

DE ORTECHO, MARIA T
9010 NW 38TH DRIVE APT. 4
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: MARIA T. DE ORTECHO
82 Street Address (P.O. Box Number is Not Acceptable): 2139 UNIVERSITY DRIVE, SUITE 327
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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: X _____ DATE
Signature, if applicable, of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☑ Change ☐ Addition
NAME	DE ORTECHO, MARIA T	12 NAME	
STREET ADDRESS	9010 NW 38TH DRIVE APT. 4	13 STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 327
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	DE ORTECHO, JOSE M	22 NAME	
STREET ADDRESS	9010 NW 38TH DRIVE APT. 4	23 STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 327
CITY-ST-ZIP	CORAL SPRINGS FL 33065	24 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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: X _____ 305/753-0214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141170 FP