

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 7:03:30

DOCUMENT # P94000057615 (4)

1. Corporation Name

AMERICAN BULK TRANSPORT, INC.

Principal Place of Business

**7432 EAST HIGHWAY 50
GROVELAND FL 34736**

Mailing Address

**POST OFFICE BOX 420
GROVELAND FL 34736**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or qualified

08/04/1994

3b. Date of last report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3258698

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

**LANGLEY, RICHARD H ESQ
700 ALMOND STREET
CLERMONT FL 34712**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
LANGLEY, A E
6088 MASTERS BLVD.
ORLANDO FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
CRITTENDEN, EARL M
1023 PINAR DRIVE
ORLANDO FL 32825**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
MOORE, WILLIAM O
13148 CASPER LANE
CLERMONT FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STEGALL, JERRY
11569 COUNTY ROAD STE. 209
OXFORD FL 34484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
SHUUR, HARRY J III
3226 DEBBIE DRIVE
ORLANDO FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
**1831 Beth Mar Lane
Winter Park, FL 32789**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition
Schuur, Harry J, III

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William O. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William O. Moore, Secretary

3-30-95

904 429 5805