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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000057615 (4)**

1. Corporation Name
AMERICAN BULK TRANSPORT, INC.

Principal Place of Business

**15 KISSIMMEE AVENUE
OCFEE FL 34761
US**

Mailing Address

**P.O. BOX 561079
ORLANDO FL 32856-1079
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1994	3a. Date of Last Report 07/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3258898	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, A E	1.2 NAME	
STREET ADDRESS	1831 BETT MAR LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, EARL M	2.2 NAME	
STREET ADDRESS	1023 PINAR DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32825	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WILLIAM O	3.2 NAME	
STREET ADDRESS	13146 CASPER LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLERMONT FL 34711	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGALL, JERRY	4.2 NAME	
STREET ADDRESS	11569 COUNTY ROAD STE. 209	4.3 STREET ADDRESS	
CITY- ST- ZIP	OXFORD FL 34484	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TD Harry J. Sahvut, III
STREET ADDRESS		5.3 STREET ADDRESS	3226 Debbie Dr.
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Orlando, FL 32806
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

William O. Moore **WILLIAM O. MOORE**

4-17-97

407-877-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)