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

APPROVED
AND
FILED

[illegible] -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061414 (6)**

1. Corporate Name
ROSS TRANSPORT, INC.

Principal Place of Business	Mailing Address
1716 WEST COLONIAL DRIVE ORLANDO FL 32804	1716 WEST COLONIAL DRIVE ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/19/1994**
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-3264334** ☐ Applied For ☐ Not Applicable
Suite/Apt. # 22:
Suite/Apt. # 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: County 25:
Zip 29: County 30:
8. This corporation has liability for intangible tax under Ch. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
3511 WEST COMMERCIAL BLVD
SUITE 402
FT. LAUDERDALE FL 33301

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 [illegible] (Registered Agent signature required if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	GREENE, MICHAEL	12 NAME	
03 STREET ADDRESS	1716 WEST COLONIAL DRIVE	13 STREET ADDRESS	
04 CITY ST ZIP	ORLANDO FL 32804	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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 1, 11 or 13 above or on an attachment with an address.

SIGNATURE: ✓ Neil Ross 4/28/95 ✓ 276-0147
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR NAME AND TITLE OF OFFICER OR DIRECTOR (Telephone Number)

0066075 CR