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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

PQ400082873 (8)

DOCUME 1. Corporation Name	NT # P940	00082873 ((8)						
•	ANSPORT SERVICE	CO., INC.							
Principal Place of Bu	isiness	Mailing Address				-	18161 48 181 11	7910 51601 (BIO) 16600 (AII 16	
18118 N. U.S. 41 LOT 10 B		18118 N. U.S. 41 LOT 10 B							
LUTZ FL 33549		LUTZ FL 33549			3. Date incorporated or Qualified 11/04/1994	E	te of Last Report 13/24/1995		
2. Principal Place of Business 21		28. Mailing Address 26 (LS CLOUP.			4. FEI Number 65-0533102		Applied Fo Not Applic		
		Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired		\$8.75 Addition Fee Required	
						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	7 _{[0}	30	ountry		8. This corporation has liability for Florida Statutes Yes	intangible No	tax under s 199.032,	
24 25 29 29 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
DAVIS, BOB 18118 N. U.S. 41 LOT 10 B					Name Street Addre	dress (P.O. Box Number is Not Acceptable)			
LUTZ FL 335		•		1 1	City		F		
ar registered or	gent, or both, in the State of nd accept the obligations of,	0502 and 607,1508, Florida S Florida, Such change was au Section 607,0505, Florida Sta DA U S	nutes	hove nar e corpez	med corporation's boar	ation submits this statement for the purd of directors. I hereby accept the app	S/ATE	2/96	
12.	OFFICERS	S AND DIRECTORS	11:			ADDITIONS/CHANGES TO OFF	ICFRS A!		
		□ DELETE	I 1	1 TITLE				☐ Change ☐ Addi	

 Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above named corporation submits this statement for the purpose of directions of 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 607.05.05. Florida Statutes. 								
DANS C DANS	1 6 11/m 4/12/96							
SIGNATURIS Specifier Injection province report of report report and the Lagret Alie (NOTE Regregated Affail stylature reported when	o reinstating Manual DATE							
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
THE D,P DELETE 1.1 THE	☐ Change ☐ Addition							
NAME DAVIS, BOB 12 NAME								
STREET ADDRESS 1818 N. U.S. 41, LOT 10 B 13 STREET ADDRESS								
CITY-SI-ZIP LUTZ FL 33549								
TITLE D DELETE 2 1 TITLE	Change Addition							
NAME HOWELL, WILLIS 22 NAME								
STREET ADDRESS 23 MAYNARD 23 STREET ADDRESS								
CITY-ST-ZIP ENKA NC 28728 24 CITY-ST-ZIP	Addition							
TITLE DELETE 3 1 TILE Sec	AN DAUIS 118 US 41 7. 6+10B							
NAME 32 NAME JOY	AN DAUIS -1 LITTOR							
STREET ADDRESS 1.84	118 US 4171. CO11013							
CITY-ST-ZIP 34CITY-ST-ZIP C.L.	77 33549 ☐ Change ☐ Addition							
TITLE DELETE 4 1 TITLE	Cuarige [] Addition							
NAME 42 NAME								
STREET ADDRESS 43 STREET ADDRESS								
C-TY-ST-ZiP 44 C-TY-ST-ZiP	Change Addition							
TITLE DELETE 5 ' TI'LE	Change Mddit.on							
NAME 52 NAME								
STREET ADDRESS 53 STREET ADDRESS								
CHY-ST-ZIP 5.4 CHY-S1-ZIP	Change Addition							
TITLE DELETE 6 1 TILE	Ci cusufis Ci whoming							
NAME								
STREET ADDRESS 63 STREET ADDRESS								
CITY-ST-7/P 64 CITY ST-7/P 64 CITY S	had a standin Section 110 07(9)(k) Florida Statutes I further							

Ido 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)(k). Horida Statutes, 1 unrer 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 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 certify that I am an officer or developed or the same legal effect as if made under continuous that my name appears in Block 12 or Block 13 changed or our an attachment with an address.

SIGNATURE:

THEO ON PHINTED NAME OF SIGNING OFFICER OF DIRECTION

#30°00

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees