## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000084218 (4)

## FAWCETT TRANSPORTATION INC.

Principal Place of Busines Mailing Address 330 COUNTRY CLUB DRIVE P.O. BOX 3179 TEQUESTA FL 33469-0179 TEQUESTA FL 33469 3. Date Incorporated or Qualified 11/16/1994 2. Principal Place of Business 21 (907 Southern 2a. Mailing Address 4. FEI Number 65-0538842 26 Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing

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9. Name and Address of Current Registered Agent

Zip

**FILED** May 12 1997 8:00am Secretary of State



 $\Box$ 

4/28/97 (561) 746 9835

Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Trust Fund Contribution

Florida Statutes

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

08/16/1996

TEQUESTA FL 33469			Name	
			82 Street Address (P.O. Box Number is Not Acceptable)	
		83		
				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 Sign attrict typed or pertner name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THLE	D DELETE 1	.1 TITLE		Change Addition
NAME	FAWCETT, JOHN S	1.2 NAME		
STREET ADDRESS	330 COUNTRY CLUB DRIVE	3 STREET	ADDRESS	
CHY-ST-7P	TEQUESTA FL 33469	4 CITY-S	T-ZIP	
Tift	<del></del>	2 1 TITLE		Change Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET	ADDRESS	
CHY-ST-7/P		4 CITY-	iT-ZIP	
TIFLE	☐ DELETE :	1.1 TITLE		Change Addition
NAME		3.2 NAME		·
STREET ANDRESS	. 8	3.3 STREET AD		·
DITY-ST-7iP		4. CITY-S	T-ZIP	
TITLE '	DELETE 4	4.5 TITLE		L Change L Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET A		
City-St-7P		.4 CITY-S	T ZIP	
1IILE	DELETE E	i.1 TITLE		Change Addition
NAME		i.2 NAME		
STHEET ADDRESS	· · · · · · · · · · · · · · · · · · ·	5.3 STREET AD		4:
CHTV - \$1 - ZDP		.4 CITY - S	T-21P	
THUE	☐ DELETE e	6.1 TrTLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS	<b>.</b>	6.3 STREET ADORE		
CITY - \$1 - ZIP		.4 CITY - S		
14. If 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the coproration or the received or truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or or on any attachment with an address.				

Country

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