

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN - 7 11 31 21

DOCUMENT # **P94000084957 (7)**

1. Corporation Name

NORMAN TRANSPORT, INC.

Principal Place of Business

Mailing Address

**5236 46TH AVE N
ST PETERSBURG FL 33709**

**5236 46TH AVE N
ST PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

11/17/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3295301

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINSON, G. BARRY
696 1ST AVE N
SUITE 201
ST PETERSBURG FL 33701**

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 fee if applicable

NOTE: Registered Agent signature required when registering

(47)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **NORMAN, KENT**
STREET ADDRESS **5236 46TH AVE N**
CITY, ST, ZIP **ST PETERSBURG FL 33709**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **D**
NAME **NORMAN, CHRISTIANE M**
STREET ADDRESS **5236 46TH AVE N**
CITY, ST, ZIP **ST PETERSBURG FL 33709**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 it made in or with 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: X

Chris. Norman *Christiane M. Norman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-95
Date

813-522-6683
Telephone Number