

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000086020 (2)**

1. Corporation Name

GEORGE & ANN KIDDER TRANSPORTATION, INC.



Principal Place of Business

**950 BIRD BAY CT. #102
LAKE MARY FL 32746**

Mailing Address

**950 BIRD BAY CT. #102
LAKE MARY FL 32746**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MARKLEY, LANCE
334 PINE SHADOW LANE
LAKE MARY FL 32746**

81 Name **ALICE A. Kidder**
82 Street Address (P.O. Box Number is Not Acceptable)
950 Bird Bay Ct. #102
83
84 City **LAKE MARY** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Alice A. Kidder

4/2/96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KIDDER, GEORGE M JR	
STREET ADDRESS	950 BIRD BAY CT. #102	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE	D	DELETE
NAME	KIDDER, ALICE A	
STREET ADDRESS	950 BIRD BAY CT. #102	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP	Change	Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP	Change	Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP	Change	Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP	Change	Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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 indicate I am this annual report or supplementary 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 or changes, or on an attachment with an affidavit.

SIGNATURE: *George M. Kidder Jr.* **George M. Kidder Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 407/257-6402

CR2E034 (12/95)