(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CORPORATION ANNUAL REPORT 1995

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088593 (6)

1. Corporate Name
BEACHPORT TRANSPORTATION, INC.

Principal Place of Business
6TH STREET & HIGHWAY 27
MOORE HAVEN FL 33471

Mailing Address
~~[illegible]~~ P.O. BOX 2772
HALLANDALE, FL. 33008-2772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report:

21 Principal Place of Business: 6TH STREET and Highway 27
22 Suite, Apt. #, etc.
23 City & State: Moore Haven FL 33471
24 Zip:
25 Country: USA

26 Mailing Address: P. O. Box 2772
27 Suite, Apt. #, etc.
28 City & State: HALLANDALE Florida
29 Zip: 33008-2772
30 Country: BROWARD County, FL USA

4. FEI Number: 65-0563745 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KULLMAN, JARED J
1910 S. STATE ROAD 7
MIRAMAR FL 33023

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 I agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] — Registered Agent signature required when resigning — DATE: 4/29/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, EDWARD
STREET ADDRESS	1302 S. 17TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D S/D/V/P/T
NAME	THOMAS, KATHLEEN
STREET ADDRESS	1302 S. 17TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] KATHLEEN THOMAS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/95 — Daytime Phone #: 800-929-6838

0439332 FP