FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000090050 (3)**

1. Corporation Name
VEHICLE TRANSPORT, INC.

Principal Place of Business	Mailing Address
1746 E ADAMS ST JACKSONVILLE FL 32202	1746 E ADAMS ST JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 2911 ST CLAIR ST.	26 2911 ST CLAIR ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville Florida	28 City & State: Jacksonville Florida
24 Zip: 32254 25 Country: Duval	29 Zip: 32254 30 Country: Duval

4. FEI Number: 59-3311596 ☐ 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	10. Name and Address of New Registered Agent
BROOKS, MICHAEL L 437 E MONROE ST SUITE 202 JACKSONVILLE FL 32202	81 Name: Dwight G. Bacon 82 Street Address (P.O. Box Number is Not Acceptable): 2911 St. Clair St. 83 84 City: Jacksonville FL 85 Zip Code: 32254

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: Dwight G Bacon — 7/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D\Secretary-Treasurer	☑ Change ☐ Addition
NAME	HARBISON, PHILIP V	1.2 NAME	Shafer, Harold N.	
STREET ADDRESS	1746 E ADAMS ST	1.3 STREET ADDRESS	5912 New Kings Road	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville Fl. 32209	
TITLE	D\President	2.1 TITLE	D\President	☐ Change ☐ Addition
NAME	BACON, DWIGHT G	2.2 NAME		
STREET ADDRESS	6409 MERRILL RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32201	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	MUELLER, DEWAYNE M	3.2 NAME	BACON, Norman W. Jr.	
STREET ADDRESS	3971 DEMERY DR E	3.3 STREET ADDRESS	Rt 3 Box 1619	
CITY-ST ZIP	JACKSONVILLE FL 32250	3.4 CITY-ST-ZIP	Callahan Fl. 32011	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption [illegible] 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: Dwight G Bacon — 4-14-95 — (904) 355-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014114 CP