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

APPROVED AND FILED

95 APR 18 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092032 (9)**

1. Corporation Name

CORPORATE TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
2120 CORPORATE SQUARE BLVD JACKSONVILLE FL 32216	2120 CORPORATE SQUARE BLVD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3285296	☐ Applied For ☐ Not Applicable
21: 2120 Corporate Square Blvd.	26: 2120 Corporate Square Blvd		
Suite, Apt. #, etc. 22: 22	Suite, Apt. #, etc. 27: 22	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: Jacksonville, FL	City & State 28: Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 32216 Country 25:	Zip 29: 32216 Country 30:	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
MICKLER, MARTIN J 5512-2 PHILLIPS HWY JACKSONVILLE FL 32207	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, #1-17	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CLINE, CHRIS	12 NAME	
STREET ADDRESS	189 19TH AVE N	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLINE, CHAD	22 NAME	
STREET ADDRESS	252 POINSETTA ST	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: _____ 2-23-95 904-737-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000092 FP