SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP 11 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001985454
-09/24/96--01172--011
****225.00 ****225.00

DOCUMENT # **P94000092032 (9)**

1. Corporation Name
CORPORATE TRANSPORTATION, INC.

Principal Place of Business
2120 CORPORATE SQUARE BLVD
STE 22
JACKSONVILLE FL 32216
US

Mailing Address
2120 CORPORATE SQUARE BLVD
STE 22
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-3285296 — 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

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. **Name and Address of Current Registered Agent**
MICKLER, MARTIN J
5512-2 PHILLIPS HWY
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**
81 Name: John D. Milton
82 Street Address (P.O. Box Number is Not Acceptable): One Independent Drive, Suite #3000
83
84 City: Jacksonville FL 85 Zip Code: 32202

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] Christopher T. Cline President — 9.9.96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	CLINE, CHRIS	
STREET ADDRESS	189 19TH AVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	[ ] DELETE
NAME	CLINE, CHAD	
STREET ADDRESS	252 POINSETTA ST	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[X] Change [ ] Addition
1.2 NAME	Christopher Cline	
1.3 STREET ADDRESS	10010 Belle Rieve, Apt. #1602	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	Vice President	[X] Change [ ] Addition
2.2 NAME	Chad Cline	
2.3 STREET ADDRESS	10010 Belle Rive, Apt #1602	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
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		

9/20/96

CR2E034 (3/96)

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] — 9.9.96 — 904-720.0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher T. Cline