FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015881 (2)
DAMPSON TRANSPORTATION, INC.

DAMPSON TRANSPORTATION, INC.

Principal Place of Business Mailing Address

FILED Apr 06 1998 8:00am Secretary of State



Principal Place	e of Business	M	Mailing Address							
2916 CLAIRE LANE 2916 CLAIRE LANE										
JACKSONVILLE FL 32223			JACKSONVILLE FL 32223				DO NOT WRITE IN	THE CRACE		
							3. Date Incorporated or Qualified	INIS SPACE		
							02/24/1995			
9 Principal Of	lace of Business	1 20	Mailing Address				4. FEI Number	Applied For		
2. Principal Place of Business			├				59-3296245	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					60 7E A 4-84		
22			27				5. Certificate of Status Desired	Fee Required		
City & State			City & State			····	6. Election Campaign Financing	\$5.00 May Be		
23			28				Trust Fund Contribution			
Zip	Çou		Zip	Co	untry		8. This corporation owes or has paid the			
24	25	29	,	30	•		Personal Property Tax due June 30.	☐ Yes ☐ No		
		dress of Current Regis	stered Agent	1441	Т		10. Name and Address of New Regist	ered Agent		
DA	MPSON, JAMES D)			81	Name				
2916 CLAIRE LANE					B2		Address (D.C. Co., N., or best in No. Account his			
JACKSONVILLE FL 32223					62	Street	Address (P.O. Box Number is Not Acceptable)			
•					83					
					84	City		FL 85 Zip Code		
11. Pursuant t	to the provisions of S	ections 607,0502 and 6	507.1508. Florida Statu	les, the a	bove	-named	corporation submits this statement for the purp			
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.		OFFICERS AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12		
TITLE	P		DELETE	1.11	ITLE			Change Addition		
NAME	Dampson, Jai			1.2 1	MAME					
STREET ADDRESS	2916 CLAIRE L			1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE	FL 32223		1.4 (CITY-S	T-ZIP				
TITLE			DELETE	2.1 7	TITLE			Change Addition		
NAME				2.21	NAME					
STREET ADDRESS				2.3 5	STAEET	ADDRESS				
CITY-ST-ZIP				2.4	CITY - S	ST - ZIP				
TITLE			☐ DELETE	3.1 1	TITLE			Change Addition		
NAME				3.21	MAME		·			
STREET ADDRESS				3.3 9	STREET	ADDRESS				
CFTY-ST-ZIP				3.4.	CITY - S	ST-21P				
TITLE			DELETE	4.11	TITLE			Change Addition		
NAME				4. 2	NAME					
STREET ADDRESS				4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				4.43	CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 7	TITLE			Change Addition		
NAME				5.21	NAME					
STREET ADDRESS				5.3 9	STREET	ADDRESS				
CITY-ST-ZIP				5.4 (CITY-S	T-ZIP				
TITLE		. 	DELETE		TITLE			Change Addition		
NAME				6.21	NAME					
STREET ADDRESS				6.3 9	STREET	ADDRESS				
CITY-ST-ZIP				6.4 (CITY-S	T-ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 0 on an attachment with an address.

SIGNATURE: