

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016561 (9)

1. Corporation Name

GALLION TRANSPORTATION, INC.



Principal Place of Business

1557 ROYAL FERN LANE
ORANGE PARK FL 32073

Mailing Address

1557 ROYAL FERN LANE
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2105 Park Av.
Suite, Apt. #, etc.

26 2105 Park Av.
Suite, Apt. #, etc.

4. FEI Number

59-3307872

Applied For
Not Applicable

22 4b
City & State

27 4b
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Orange Park, FL
Zip Country

28 Orange Park, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32073 25 Clay

29 32073 30 Clay

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

GALLION, DONALD K JR.
1557 ROYAL FERN LANE
ORANGE PARK FL 32073

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

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 ☒ DELETE
NAME GALLION, DONALD K
STREET ADDRESS 957 CHAMBERS RD.
CITY- ST- ZIP MCDONOUGH GA 30253

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME GALLION, CAROLYN A
STREET ADDRESS 957 CHAMBERS RD.
CITY- ST- ZIP MCDONOUGH GA 30253

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

D/P
Gallion, Carolyn A.
1920 Captiva Dr.
Middleburg, FL 32068
☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME GALLION, DONALD K JR.
STREET ADDRESS 1557 ROYAL FERN LANE
CITY- ST- ZIP ORANGE PARK FL 32073

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME GALLION, DEBRA A
STREET ADDRESS 1557 ROYAL FERN LANE
CITY- ST- ZIP ORANGE PARK FL 32073

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

D/VP/T
Gallion, Debra A.
1557 Royal Fern Ln.
Orange Park, FL 32073
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 in changed, for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD K. GALLION JR.

4/20/96
Date

904-278-8621
Daytime Phone #

CR2E034 (12/95)