

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022175 (0)

1. Corporation Name
CALUSA TRANSPORTATION INC.



Principal Place of Business

1750 E DUVAL STREET
JACKSONVILLE FL 32202

Mailing Address

1750 E DUVAL STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3334908

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes ☐ No ☐

9. Name and Address of Current Registered Agent

ROBERTS, CHAD S
1750 E DUVAL STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

David C. Stehlin

82

Street Address (P.O. Box Number is Not Acceptable)

83

1750 E. Duval St.

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID C. STEHLIN PRESIDENT SEPT. 16, 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME STEHLIN, DAVID C
STREET ADDRESS 1750 E. DUVAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

VTD
NAME STEHLIN, ROBERT M
STREET ADDRESS 1750 E. DUVAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

VSD
NAME STEHLIN, JOSEPH C III
STREET ADDRESS 1750 E. DUVAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

14. I do hereby 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 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 other attachment with an address.

SIGNATURE: [Signature] DATE: 9/16/97

CR2E034 (4/97)