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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000022570 (2)

LODWICK TRANSPORT (U.S.), INC. Mailing Address Principal Place of Business 653 OSBORNE ST. BOX 859 7350 SE 135TH ST ONTARIO CANADA LOK-1AO SLIMMERFIELD FL 34491 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 8 - 015-6040 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Ζıρ Country Yes No Elorida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DIEL TRUCKING INC. Street Address (P.O. Box Number is Not Acceptable) 82 7350 SE 135TH ST 83 SUMMERFIELD FL 34491 Zip Code City 85 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typescor pointed name of registered agent and the transposition INDIE Registeren Agent signature ospiner ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT DELETE Change Addition 1 1 11 16 TITUE GERRY COPNICK 1.2 NAME NAME 653 OSBORNE ST. 13 STREET ADDRESS STREET ADDRESS LOK-1AD BEANTATION, ON 1.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition SECRETARY TREASURER DELETE TITLE 2.1 TITLE CLIFF LOPWICK 2.2 NAME NAME #653 osbopue 2.3 STREET ADDRESS STREET ADDRESS LOK IAO O FAVERTON 24 CHY ST ZIP CITY-SF-ZIP ☐ Addition DE: FTE 3 1 TIPLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City SE-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 THEF TIBE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 C TY-ST-ZP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 N4M6 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CIT1 - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6 1 1111 6 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS City - St - ZiP 14. Ido 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 13 if shanged, syon an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)