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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000045970 (7)**

1. Corporation Name

~~XXXX TRANSPORTATION GROUP INC~~

PREPRINT LOGISTICS, INC.



Principal Place of Business

Mailing Address

**8810 GOODBYS EXECUTIVE DR
SUITE A
JACKSONVILLE FL 32217**

**8810 GOODBYS EXECUTIVE DR
SUITE A
JACKSONVILLE FL 32217**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, KEITH H
8810 GOODBYS EXECUTIVE DR
SUITE A
JACKSONVILLE FL 32217**

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 state of incorporation

(If the Registered Agent signature is typed, state "Typed")

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

President

☐ DELETE

NAME

Art Latulippe

STREET ADDRESS

8 Michael St.

CITY-ST-ZIP

Eufield, CT 06082

TITLE

Vice-President

☐ DELETE

NAME

Robert Gagliardi

STREET ADDRESS

448 Country Club Rd.

CITY-ST-ZIP

Aron, CT 06001

TITLE

Treasurer

☐ DELETE

NAME

Charles Phelps

STREET ADDRESS

308 Danmark Ct.

CITY-ST-ZIP

Millersville, MD 21108

TITLE

Secretary

☐ DELETE

NAME

Allen J. Steele

STREET ADDRESS

2315 Beach Blvd. Ste. 104

CITY-ST-ZIP

Jacksonville Beach, FL 32250

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300001841263
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***225.00**

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

ALLEN J. STEELE, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96

904-247-3937

PS E-28-91

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