FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000061261 (0)**

1. Corporation Name
A-2 TRANSPORT, INC.

Principal Place of Business
10749 RUFUS LANE
JACKSONVILLE FL 32225

Mailing Address
10749 RUFUS LANE
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified **08/08/1995**
3a. Date of Last Report

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number 59-3328602 — Applied For / Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANFORD, JOYCE S
807 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001806080 -05/03/96--01014--027 ***208.75
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

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME Sanford, Joyce S ☐ DELETE STREET ADDRESS 2982 Caroline Crest Dr. E. CITY-ST-ZIP Jacksonville FL 32225		1.1 TITLE C. 1.2 NAME Kenneth Hooper ☐ Change ☑ Addition 1.3 STREET ADDRESS 811 St. Johns Bluff Rd Rd 1.4 CITY-ST-ZIP Jax Fl. 32225	
TITLE V NAME Sanford, Roger L ☐ DELETE STREET ADDRESS 2982 Caroline Crest Dr E. CITY-ST-ZIP Jacksonville Fl. 32225		2.1 TITLE P. 2.2 NAME Joyce S Sanford 2982 Caroline Crest Dr E. Jacksonville FL 32225-1631 ☐ Change ☑ Addition 2.3 STREET ADDRESS st Dr E. 2.4 CITY-ST-ZIP	
TITLE S. NAME Sanford, Stanley ☐ DELETE STREET ADDRESS 5951 Clifton Ave. CITY-ST-ZIP Jax Fl. 32211		3.1 TITLE S. 3.2 NAME Stanley Sanford ☐ Change ☑ Addition 3.3 STREET ADDRESS 5951 Clifton Ave 3.4 CITY-ST-ZIP Jax Fl. 32211	
TITLE T NAME Prew, Joseph D. ☐ DELETE STREET ADDRESS 10469 Greenmore Dr. CITY-ST-ZIP Jacksonville Fl 32246		4.1 TITLE T. 4.2 NAME Joseph D Prew ☐ Change ☑ Addition 4.3 STREET ADDRESS 10469 Greenmore Dr 4.4 CITY-ST-ZIP Jax Fl. 32246	
TITLE D NAME James R. Sapp ☒ DELETE STREET ADDRESS 4586 Lincoln Ave CITY-ST-ZIP Jax Fl. 32210		5.1 TITLE V 5.2 NAME Roger L Sanford 2982 Caroline Crest Dr E. Jacksonville FL 32225-1631 ☐ Change ☑ Addition 5.3 STREET ADDRESS 5.2 5.4 CITY-ST-ZIP	
TITLE D NAME Lisa Sanford ☐ DELETE STREET ADDRESS 807 St. Johns Bluff Rd N CITY-ST-ZIP Jax Fl. 32225		6.1 TITLE L 6.2 NAME Lisa Sanford ☐ Change ☑ Addition 6.3 STREET ADDRESS 807 St. Johns Bluff Rd N 6.4 CITY-ST-ZIP Jax Fl. 32225	

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: Joyce S Sanford — Joyce S Sanford — 4-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #