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	Mailing Address
10749 RUFUS LANE JACKSONVILLE FL 32225	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:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3328602 ☐ 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 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)
000001806080
83 -05/03/96--01014--027
84 City ***208.75 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (12/95)