

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:00

DOCUMENT # 995000061261 (0)

1. Corporation Name

A-2 TRANSPORT, INC.

Principal Place of Business

Mailing Address

10749 RUFUS LANE  
JACKSONVILLE, FL. 32225

10749 RUFUS LANE  
JAX., FL., 32225

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

3. Date Incorporated or Qualified

3a. Date of Last Report

08/08/1995

05/02/96

4. FEI Number

Applied For

59-3328608

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

10. Name and Address of New Registered Agent

SANFORD, JOYCE S.  
2982 CAROLINE CREST DR.E.  
JACKSONVILLE, FL., 32225

81 Name

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

600002008756--9

83

-11/19/96--01160--005

84 City

\*\*\*\*\*61.25 \*\*\*\*\*61.25  
FL 85 200000

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P SANFORD, JOYCE S.  
STREET ADDRESS 2982 CAROLINE CREST DR.E.  
CITY-ST-ZIP JACKSONVILLE, FL. 32225

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition  
11-18-96

TITLE ☒ DELETE  
NAME V SANFORD, ROGER L.  
STREET ADDRESS 2982 CAROLINE CREST DR.E.  
CITY-ST-ZIP JACKSONVILLE, FL. 32225

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition  
V JOE DON GREEN  
807 ST. JOHNS BLUFF RD.N.  
JACKSONVILLE, FL., 32225

TITLE ☒ DELETE  
NAME S SANFORD, STANLEY  
STREET ADDRESS 5951 CLIFTON AVE  
CITY-ST-ZIP JACKSONVILLE, FL., 32211

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition  
S ROSECRANS, LINDA, G  
2982 CAROLINE CREST DR.E.  
JACKSONVILLE, FL., 32225

TITLE ☒ DELETE  
NAME T PREU, JOSEPH  
STREET ADDRESS 10469 GREENMORE DR.  
CITY-ST-ZIP JACKSONVILLE, FL. 32246

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition  
T SANFORD, ROGER  
2982 CAROLINE CREST DR. E  
JACKSONVILLE, FL 32225

TITLE ☒ DELETE  
NAME D SAPP, JAMES R.  
STREET ADDRESS 4586 WHEELER AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition  
D PREU, JOSEPH  
10469 GREENMORE DR.E.  
JACKSONVILLE, FL., 32246

TITLE ☒ DELETE  
NAME D SANFORD, LISA  
STREET ADDRESS 807 ST. JOHNS BLUFF RD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition  
D LOPER KENNETH  
807 ST. JOHNS BLUFF RD.N.  
JACKSONVILLE, 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

11-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)