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 # **P95000070046 (4)**

1. Corporation Name

TRIAD TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
243 NORTH ARLINGTON ROAD SUITE 1-B JACKSONVILLE FL 32211	243 NORTH ARLINGTON ROAD SUITE 1-B JACKSONVILLE FL 32211

3. Date Incorporated/Qualified: **09/12/1995**

3a. Date of Last Report:

4. FEI Number: **59-3334267** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 1188 Bert Rd	26 Street Address: 1188 Bert Rd
22 Suite, Apt. #, etc.: suite #8	27 Suite, Apt. #, etc.: suite #8
23 City & State: Jax, Fla,	28 City & State: Jax, Fla,
24 Zip: 32211 25 County: Duvle	29 Zip: 32211 30 Country: Ameraca

9. Name and Address of Current Registered Agent

GRANT, JOHN
243 NORTH ARLINGTON ROAD
SUITE 1-B
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: John Grant
82 Street Address (P.O. Box Number is Not Acceptable): 1188 Bert Rd suite #8
83 Jax, Fla,
84 City: Jacksonville FL 85 Zip Code: 32211

11. Pursuant to the provisions of Sections 607.1501 and 617.1501, 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

12. OFFICERS AND DIRECTORS

7 TITLE: PDT 8 NAME: FORD, THOMAS W 9 STREET ADDRESS: 243 ARLINGTON ROAD, SUITE 1-B 10 CITY-ST-ZIP: JACKSONVILLE FL 32211	☐ DELETE	
11 TITLE: VSD 12 NAME: GRANT, JOHN 13 STREET ADDRESS: 243 ARLINGTON ROAD, SUITE 1-B 14 CITY-ST-ZIP: JACKSONVILLE FL 32211	☐ DELETE	
15 TITLE: 16 NAME: 17 STREET ADDRESS: 18 CITY-ST-ZIP:	☐ DELETE	
19 TITLE: 20 NAME: 21 STREET ADDRESS: 22 CITY-ST-ZIP:	☐ DELETE	
23 TITLE: 24 NAME: 25 STREET ADDRESS: 26 CITY-ST-ZIP:	☐ DELETE	
27 TITLE: 28 NAME: 29 STREET ADDRESS: 30 CITY-ST-ZIP:	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	☐ Change	☐ Addition
35 TITLE: 36 NAME: 37 STREET ADDRESS: 38 CITY-ST-ZIP:	☐ Change	☐ Addition
39 TITLE: 40 NAME: 41 STREET ADDRESS: 42 CITY-ST-ZIP:	☐ Change	☐ Addition
43 TITLE: 44 NAME: 45 STREET ADDRESS: 46 CITY-ST-ZIP:	☐ Change	☐ Addition
47 TITLE: 48 NAME: 49 STREET ADDRESS: 50 CITY-ST-ZIP:	☐ Change	☐ Addition
51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change	☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied on this report is true, correct, and complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, or is otherwise entered in the proper capacity.

SIGNATURE: John Grant 1-18-96 804-720-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
John Grant