

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071714 (6)

1. Corporation Name

BAIRD TRANSPORT, INC.

FILED

95 SEP -6 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

566 CALIBRE CREST PKWY., #103
ALTAMONTE SPRINGS FL 32714

566 CALIBRE CREST PKWY., #103
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 1198 Crispwood Ct.

2a. Mailing Address

26 1198 Crispwood Ct.

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

23 Apopka, FL

27

City & State

28 Apopka, FL

Zip

Country

24 32703

25 Orange

Zip

Country

29 32703

30 Orange

9. Name and Address of Current Registered Agent

BAIRD, ROBERT
566 CALIBRE CREST PKWY., #103
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

1198 Crispwood Ct.

83

84

City

Apopka

FL

85

Zip Code

32703

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

Lisa J. Baird

Lisa J. Baird

Secretary

8/2/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Robert B. Baird

STREET ADDRESS 1198 Crispwood Ct.

CITY - ST - ZIP Apopka, FL 32703

TITLE ☐ DELETE

NAME Lisa J. Baird

STREET ADDRESS 1198 Crispwood Ct.

CITY - ST - ZIP Apopka, FL 32703

TITLE ☐ DELETE

NAME Frank P. Apuzzo

STREET ADDRESS 9610 Seminole Napa Blvd

CITY - ST - ZIP Longwood, FL 32779

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa J. Baird Lisa J. Baird

8/2/96

407-884-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number