FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000089418 (4)

DOCUMENT #
1. Corporation Name

HIGH MARK TRANSPORTATION, INC.

Principal Place of Business Mailury Address



10675 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095		10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095						
					3. Date incorporated or Qualified 11/21/1995	3a. Date o	of Last	Report
2. Principa! Place of Business	2a. Mailing .	Address			4. FFI Number	10		Applied For
21	26				59-335691	7		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution			ded to Fees
Zip Country	Zip		Countr	y	This corporation has liability for intangible tax under single 199.032. Florida Statutes ☐ Yes ☐ No			
24 25 9. Name and Address of Current	29 Registered Ar		30		10. Name and Address of New Registered Agent			
5. Name and Address of Current	negistered As	, c.i.	81	Name				
ALIENT THE OPY & DUOPY						 		
SMITH, HULSEY & BUSEY 225 WATER STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1800			83	3				
JACKSONVILLE FL 32202							11-	7.0
• UNONSOITTIELE I'L SZZUZ			84	City		FL	85	Zip Code
Pursuant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section SIGNATURE Separate typed or probability of the properties of registered by the section of the	i Such change n 607.0505, Fk	was authorize orida Statutes	ed by the cor	porahon's b	oard of directors. Thereby accept the app	pointment as r	registe	red ägent I am
12. OFFICERS AND			13.		ADDITIONS/CHANGES TO OFF	FICERS AND	DIRE.C	TORS IN 12
TITLE DP		DELETE	1 1 THE			Ċ	Chang	ge 🔲 Addition
NAME DOHN B HART			1.2 NAME					
STREET ACORESS 10575 OLD DIME HIGHW	AY		1.3 STRE	T ADDRESS				
CITY-ST-ZIP ST-ALX-USTINE, FL 320			14 CITY	Sf - 7-F				
TITLE DST) DELFTE	2 11111] Chang	ge - 🔲 Addition
NAME LITAG. HART			2.2 NAME					
STREET ADDRESS 10575 OLD DIVIE HIGHWAY			2 3 STRS	T ADDRESS				
CHY-SI-ZIP ST-AUGUSTINE, FZ 32095			2.4 CHY	2.4.CHY-S1-ZIP				
TITLE] DELETE	3 1 1111	- 1		Ĺ] Chani	ge 🔲 Addition
NAME DAVID M. KING			3.2 NAMI					
STREET ADDRESS 10575 OLD DICKE HIGH	WAY		3.3 STRE	EL ADDRESS				
CITY-ST-ZIP ST. AUGUSTINE, FT. 320	95		340/11				7 Chan	ge
TITLE	L] DELETÉ	4 1 1170	i		L	_ Criaii	ge [] Addition
NAME			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	.	T DELETE	4.4 CITY 5.1 Tife				7 Chan	ge Add tion
TITLE	L.	Trefere	5 2 NAM	1		L.		a. Classes
NAME			•		والمحار القيا المحار بالمحر يتمار يتمار يتمار ومين		,	
STREET ADDRESS				EL ADDRESS	8000018; -05/20/9601/	ごび つ 00004	r o	
City-SI-ZiP	г	DELETE	5.4 C·TY 6.1 lift			uzoU4 	t∴] Chan	ge [] Addition
TIFLE	L	JOECLIL	6.2 NAM	i	***200.00	_		J
NAME				ı				
STREET ADDRESS				ET ADDRESS				
City-ST-ZiP 14. I do hereby certify that the information supplied w	itia this filmous	voluntarily furn	64 OFF	es not qual	ty for the exemption stated in Section 119	9 07(3)(k), Flo	rida St	atutes. I further

4. 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 destire of the congress on or the register 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:

TATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

(904) 826-1993 SC 5-1-96