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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023431 (5)

1. Corporation Name

VIKING TRANSPORTATION SERVICE, INC.

Principal Place of Business

6212 RIVIERA DRIVE
CORAL GABLES FL 33146

Mailing Address

6212 RIVIERA DRIVE
CORAL GABLES FL 33146-3521



3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 14045A NORTH DALE MABRY
Suite, Apt. #, etc. Hwy

27 City & State

28 Zip

29 Country

4. FEI Number

65-0650440

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

KATZ, RICHARD L
2100 SALZEDO ST.
SUITE 300
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ZACKS, JACK
STREET ADDRESS 6212 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ DELETE
NAME WILLIAMS, JOHN
STREET ADDRESS 14045A N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE
NAME MCGINNIS, KENNETH
STREET ADDRESS 14045A N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE
NAME RANSCHT, DAVID
STREET ADDRESS 14045A N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE
NAME SIERRA, LUIS
STREET ADDRESS 14045A N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE
NAME PASTIKA, JOHN
STREET ADDRESS 14045A N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P/D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VP/D
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME T/D
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/97

813-264-5669

CR2E034 (9/96)