FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000004462 (2)

Principal Place	OGISTICS, INC.	Mailing Address			
2625 WEST 5TH STREET 2625 WEST 5TH STREET					
JACKSONVIL	LE FL 32203	JACKSONVILLE FL 32203		DO NOT WRITE IN THIS	SPACE
J				3. Date Incorporated or Qualified	OIAGE
				01/09/1997	l
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3427742	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 	Country	Trust Fund Contribution	Added to Fees
24	25	├	io	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible
24	9. Name and Address of Curren		1	10. Name and Address of New Registered	
13	cott, William J 101 Riverplace BLVD., STE. 160 ICKSONVILLE FL 32207	9	82 Street Ad- \%\4	CE CARLTON H dress (P.O. Box Number is Not Acceptable) INDUSTRIAL BEEN BLUD Convicte F Trovation submits this statement for the purpose	85 Zip Code
office or agent. I a	to the provisions of Sections 607,0502 egistered agent, for both jie the State m familiar will if and accept the obligation of the obligat	Spence	s, the above-hamed co thorized by the corpor da Statutes. Registered Agent signature req	ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D OPPOSE OF STATES	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE, CARLTON H		1.2 NAME		
STREET ADDRESS	2625 WEST 5TH STREET JACKSONVILLE FL 32203		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	D D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE	SPENCE, JEFFREY C	, Li Detteit			Change C Addition
NAME Street Address	2625 WEST 5TH STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		2.4 CITY-ST-ZIP		
TITLE	GACABOTTIELE TE GEEGG	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition

14. I 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 receiver or truliee 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. It on an attachment with an apprecia.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Ward 22 98

Addition

FILED

Apr 01 1998 8:00am

Secretary of State