

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46948** (3)
1. Corporation Name
COMMERCIAL TRANSPORTATION AGENCY, INC.

Principal Place of Business Mailing Address
669 97TH AVE. NORTH **669 97TH AVE NORTH**
STE 'C' **STE 'C'**
NAPLES FL 33943 **NAPLES FL 33943**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/22/1991	04/12/1994
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		65-0256629	Not Applicable
24 zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
GOLD, ALAN C. 700 SW 62ND AVE. PLAZA 7000-SUITE 500 SOUTH MIAMI FL 33143				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
84 City		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 filed agent(s))

DATE (Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANTON, R. H., JR.	12 NAME	
STREET ADDRESS	3400 TAMiami TRAIL NORTH, #203	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANTON, R. H., JR.	22 NAME	
STREET ADDRESS	3400 TAMiami TRAIL NORTH #203	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANTON, R. H.	32 NAME	
STREET ADDRESS	3400 TAMiami TRAIL NORTH #203	33 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. H. Clanton Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. H. CLANTON, JR

4/14/95 813-598-3438