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Apr 28 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 # S64088 (5)

1. Corporation Name
GTS TRUCKING, INC.



Principal Place of Business

4062 N LIBERTY ST
JACKSONVILLE FL 32206
US

Mailing Address

4062 N LIBERTY ST
JACKSONVILLE FL 32206-1410
US

3. Date Incorporated or Qualified
07/03/1991

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 4062 N. Liberty ST.

Suite, Apt. #, etc.

22 N.I.A.

City & State

23 JACKSONVILLE, FL.

Zip

24 32206

Country

25 DUAL.

2a. Mailing Address

26 4062 NORTH Liberty ST.

Suite, Apt. #, etc.

27 N.I.A.

City & State

28 JACKSONVILLE, FL.

Zip

29 32206

Country

30 DUAL.

4. FEI Number

59-3076563

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

FUQUA, MARSHA L.
1333 DUNN AVE APT 902
JACKSONVILLE FL 32218

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 *Marsha L. Fuqua*

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-21-97.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PDT
STREET ADDRESS WESTBERRY, JOHN C. SR.
CITY-ST-ZIP RT. 4, BOX 278
CALLAHAN FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS WESTBERRY, CAROLYN S.
CITY-ST-ZIP RT. 4, BOX 278
CALLAHAN FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS WESTBERRY, ROBERT N.
CITY-ST-ZIP RT 4 BOX 278
CALLAHAN FL

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. (None) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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: *John C. Westberry Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-21-97 904-356-6001
Daytime Phone #

CR2E034 (9/96)