

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S77210 (0)

1. Corporation Name

INTERNATIONAL CONTAINERS TRANSPORT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/03/1991** 3a. Date of Last Report **10/07/1994**

4. FEI Number **59-3080807** 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

Principal Place of Business

**1966 BRAE MOOR DRIVE
DUNEDIN FL 34698-3209
1000 DEREK LANE
OLDSMAR, FL 34677**

Mailing Address

**1966 BRAE MOOR DRIVE
DUNEDIN FL 34698-3209
1000 DEREK LANE
OLDSMAR, FL 34677.**

2. Principal Place of Business

21 1000 DEREK LANE

2a. Mailing Address

26 1000 DEREK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OLDSMAR, FLORIDA

27 City & State

28 OLDSMAR, FLORIDA

24 Zip

34677

Country

USA

29 Zip

34677

Country

U.S.A.

9. Name and Address of Current Registered Agent

**JOUBEN, ROBERT W.
1966 BRAE MOOR DRIVE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

**81 Name MARTIN, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable)
1000 DEREK LANE
83
84 City OLDSMAR FL 85 Zip Code 34677**

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, to 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]

[MARTIN, WILLIAM]

6/22/95

(Signature of person or certified public accountant who is the registered agent)

(NOTE: Registered Agent signature required when registering.)

(DATE)

12. OFFICERS AND DIRECTORS

**11 TITLE D
NAME JOUBEN, ROBERT W. RESIGNED 1-1-95
STREET ADDRESS 1966 BRAE MOOR DR.
CITY ST ZIP DUNEDIN FL**

**12 TITLE D
NAME JOUBEN, LINDA RESIGNED 1-1-95
STREET ADDRESS 1966 BRAE MOOR DR.
CITY ST ZIP DUNEDIN FL**

**13 TITLE D
NAME MARTIN, WILLIAM
STREET ADDRESS 5461 OAKRIDGE DR.
CITY ST ZIP PALM HARBOR FL**

**14 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**15 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**16 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 119.07(3)(g), 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 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 (8:3) 854 4918
(Date) (Signature/Printed Name)