FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:35

DOCUMENT # S78244 (8)

1. Corporation Name
DEBAR TRANSPORT INC.

Principal Place of Business
7918 SNOUPE RD.
PLANT CITY FL 33565
US

Mailing Address
7918 SNOUPE RD.
PLANT CITY FL 33565
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1991
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-3089589 ☐ 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

2. Principal Place of Business
21 7918 SHOUPE RD
Suite, Apt. #, etc.
22
City & State
23 PLANT CITY FL
Zip
24 33565
Country
25 Hillsborough

2a. Mailing Address
26 7918 SHOUPE RD
Suite, Apt. #, etc.
27
City & State
28 PLANT CITY FL
Zip
29 33565
Country
30 Hillsborough

9. Name and Address of Current Registered Agent

DECRAENE, CAROL A.
7918 SHOUPE RD.
PLANT CITY FL 33565

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 ______ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	DECRAENE, JOHN R.	1.2 NAME	DECRAENE, CAROL A
STREET ADDRESS	7918 SHOUPE RD.	1.3 STREET ADDRESS	7918 SHOUPE RD
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL 33565-7128
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	DORAN, MELISSA	2.2 NAME	
STREET ADDRESS	5003 ABERDEEN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: [signature] CAROL A DECRAENE 3/23/95 813 759-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267617 CP