

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 AUG 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **S81325** (0)
1. Corporation Name
SOUTHERN TRANSPORT, INC.

| | |
|--|--|
| Principal Place of Business PO BOX 728 GRACEVILLE FL 32440 | Mailing Address PO BOX 728 GRACEVILLE FL 32440 |
|--|--|

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|--|--|---|--|--|---|
| 2. Principal Place of Business 21 5287 Brown St Suite, Apt #, etc 22 City & State 23 Graceville FL Zip 24 32440 Country 25 Jackson | | 2a. Mailing Address 26 5287 Brown St Suite, Apt #, etc 27 City & State 28 Graceville FL Zip 29 32440 Country 30 Jackson | | 3. Date Incorporated or Qualified 09/19/1991 | 3a. Date of Last Report 06/12/1995 |
| | | | | 4. FEI Number 59-3086872 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**JERNIGAN, JOSEPH H.
1145 10 AVE
GRACEVILLE FL 32440**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Charles H. Williams |
| 82 Street Address (P.O. Box Number is Not Acceptable) 5287 Brown Street |
| 83 |
| 84 City Graceville |
| FL 85 Zip Code 32440 |

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 *Charles W. Williams* *Charles W. Williams* DATE **8/27/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JERNIGAN, JOSEPH H. | | 1.2 NAME Williams, Charles W. | |
| STREET ADDRESS 1145 10 AVE | | 1.3 STREET ADDRESS 5287 Brown Street | |
| CITY - ST - ZIP GRACEVILLE FL | | 1.4 CITY - ST - ZIP Graceville, FL | |
| TITLE VSD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JERNIGAN, PRISCILLA H. | | 2.2 NAME Williams, Thomas H | |
| STREET ADDRESS 1145 10 AVE | | 2.3 STREET ADDRESS 5287 Brown Street | |
| CITY - ST - ZIP GRACEVILLE FL | | 2.4 CITY - ST - ZIP Graceville, FL 32440 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE 600001340730 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS -09/06/96 -01018-016 | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP ****375.00 ****375.00 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 and dates 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Williams* **8/27/96** **904-263-4011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles W. Williams

CR2E034 (3/96)