J6-95-B-895-C

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 FEB -6 PM 4:08

DOCUMENT # V15079 (9)

1. Corporation Name
BFH TRANSPORT, INC.

Principal Place of Business	Mailing Address
796 S.W. WOOD CREEK DR. PALM CITY FL 34990 US	796 S.W. WOOD CREEK DR. PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1992
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3107575 ☐ 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

WERNER, HILPERT
796 S.W. WOOD CREEK DR.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: THERESA M. MOTISI
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 796 SW WOOD CREEK DR
84 City: PALM CITY FL 85 Zip Code: 34990

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: Theresa M. Motisi THERESA M. MOTISI DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/T/S ☒ Change ☐ Addition
NAME	WERNER, HILPERT	1.2 NAME	THERESA M. MOTISI
STREET ADDRESS	796 S.W. WOOD CREEK DR.	1.3 STREET ADDRESS	796 SW WOODCREEK DR
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	HOLLENBACH, FRANCIS	2.2 NAME	HOLLENBACH, FRANCIS Delete
STREET ADDRESS	796 S.W. WOOD CREEK DR.	2.3 STREET ADDRESS	796 SW WOOD CREEK DR.
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
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/We 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)(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: Theresa M. Motisi (407) 287-6103
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
THERESA M. MOTISI

038170 CP