

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V31341 (3)

1. Corporation Name

GAINESVILLE TRANSPORT, INC.

Principal Place of Business

17518 SW 46TH AVE
ARCHER FL 32618

Mailing Address

17518 SW 46TH AVE
ARCHER FL 32618



2. Principal Place of Business	2a. Mailing Address
21 12802 N.W. 202nd ST	26 12802 N.W. 202nd ST
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State ALACHUA, FL	28 City & State ALACHUA, FL
24 Zip 32615	29 Zip 32615
25 Country U.S.	30 Country U.S.

3. Date Incorporated or Qualified 04/22/1992	3a. Date of Last Report 11/30/1995
4. FEI Number 59-3120441	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

T.D. PINSON
17518 SW 46TH AVE
ARCHER FL 32618

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-signing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PINSON, T.D.
STREET ADDRESS	17518 SW 46TH AVENUE
CITY-ST-ZIP	ARCHER FL 32618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	T.D. PINSON
1.3 STREET ADDRESS	12802 N.W. 202nd ST
1.4 CITY-ST-ZIP	ALACHUA, FL 32615
2.1 TITLE	SECRETARY
2.2 NAME	CHRISTINA HUNTER
2.3 STREET ADDRESS	3001 MCFARLANE AVE #15
2.4 CITY-ST-ZIP	LAKE CITY FL 32025
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

(904) 462-2115

CR2E034 (3/96)