

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 JUL -5 AM 8:54

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V52497 (7)

1. Corporation Name:

FARAH-GOAD, INC.

*Changed to
Farah-The Logistics*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

136 NW 13TH ST
GAINESVILLE FL 32601
US

Mailing Address:

1200 GULF LIFE DR.
SUITE 917
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/23/1992 3a. Date of Last Report 04/29/1994

4. FEI Number 59-3140568 Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Five Year Certificate (yes/no) ☐ \$5.00 May Be Added to Fees

8. This corporation is not liable for Florida taxes under 100,000 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

21. *Same*

2a. Mailing Address:

26. *Same*

22. City & State:

27. City & State:

23. City & State:

28. City & State:

24. City & State:

29. City & State:

9. Name and Address of Current Registered Agent:

FARAH, EDDIE EASA
1200 GULF LIFE DRIVE, #917
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent:

81. Name *NA*
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

Agent's Signature (Print Name, Registered Agent and Title)

1201 Registered Agent Signature Required when registering

DATE:

12. OFFICERS AND DIRECTORS

13. ALTERNATE REGISTERED AGENTS (Print Name, Address, City, State, and Zip)

14. NAME P
FARAH, EDDIE E
1200 GULF LIFE DR #917
JACKSONVILLE FL
15. NAME *NO longer*
GOAD, BRUCE A
136 NW 13TH ST
GAINESVILLE FL
16. NAME
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14. NAME Eddie E. Farah
1200 Rivington Blvd #917
JACKSONVILLE FL 32207 PRES.
15. NAME Charlie Farah
Same V.P.
16. NAME Eddie Farah sec
17. NAME Charlie Farah Treas
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.07(2)(b), Florida Statutes. I further certify that the information submitted on this annual report is true and accurate and that my signature shall have the same legal effect as if signed under oath. I am an officer or director of the corporation or the manager or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers, directors, managers, or trustees with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Eddie Farah pres 6-29-95

904 346 5555

CR2E034 (3/95)