

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V54951** (1)

1. Corporation Name

**PENSACOLA AUTO TRANSPORT, INC.**

Principal Place of Business

**525 MICHIGAN AVE  
PENSACOLA FL 32505  
US**

Mailing Address

**525 MICHIGAN AVE  
PENSACOLA FL 32505-2412  
US**



3. Date Incorporated or Qualified

**08/04/1992**

3a. Date of Last Report

**04/29/1996**

4. FEI Number

**59-3165124**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEUCHTMAN, GARY B  
3 W GARDEN ST  
700 BLOUNT BUILDING  
PENSACOLA FL 32501**

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 of the principal place of business or registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE  
NAME **HEDGES, G. G**  
STREET ADDRESS **525 MICHIGAN AVENUE**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **GEORGE J. HEDGES, JR.**  
1.3 STREET ADDRESS **525 MICHIGAN AVE.**  
1.4 CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **D** ☐ DELETE  
NAME **HEDGES, JOANN**  
STREET ADDRESS **525 MICHIGAN AVE.**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
2.2 NAME **MECHELLE JENKINS**  
2.3 STREET ADDRESS **525 MICHIGAN AVE.**  
2.4 CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

*Michelle Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michelle Jenkins*

*4-10-97*

*407-724-6574*

Date

Daytime Phone #

0485727

CR2E034 (9/96)