

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

FILED

**Jan 28 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 # V58555 (6)

**1. Corporation Name
SUNBELT TRANSPORT, INC.**



**Principal Place of Business Mailing Address
155 E 21ST STREET JACKSONVILLE FL 32206
155 E 21ST STREET JACKSONVILLE FL 32206-2104**

3. Date Incorporated or Qualified 08/19/1992 **3a. Date of Last Report 02/15/1996**
4. FEI Number 59-3137060 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** **c/o Dennis D. Frick**
State, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **P. O. Box 4667**
City & State City & State
23 **28** **Jacksonville, FL**
Zip Country Zip Country
24 **25** **29** **30** **32201**

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**
CARLSON, RUGGLES B **81** Name **Dennis D. Frick**
155 E 21ST STREET **82** Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32206 **155 East 21st Street**
83
84 City **Jacksonville** **FL** **85** Zip Code **32206**

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 *Dennis D. Frick* **Dennis D. Frick, Secretary & V.P.** **1-22-97**
Signature typed in the name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN E	1.2 NAME	
STREET ADDRESS	155 E. 21ST STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOHN D II	2.2 NAME	
STREET ADDRESS	155 E 21ST STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPLY, ISH	3.2 NAME	
STREET ADDRESS	155 E 21ST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, DENNIS D	4.2 NAME	
STREET ADDRESS	155 EAST 21ST STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPLY, RICK J.	5.2 NAME	
STREET ADDRESS	155 E 21ST STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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 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: *Dennis D. Frick* **Dennis D. Frick** **1-22-97** **904-355-1781**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)