

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54278 (7)

1. Corporation Name
OAKLEY TRANSPORT, INC.

Principal Place of Business Mailing Address
P.O. BOX 4170 LAKE WALES FL 33859 **P.O. BOX 4170 LAKE WALES FL 33859**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/22/1985** 3a. Date of Last Report **07/05/1994**
4. FEI Number **59-2547466** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**OAKLEY, THOMAS E.
101 ABC ROAD
LAKE WALES FL 33859**

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 _____ (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WADE H.	1.2 NAME	
STREET ADDRESS	101 ABC ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	
TITLE	PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, THOMAS E.	2.2 NAME	
STREET ADDRESS	101 ABC ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, RONALD E.	3.2 NAME	
STREET ADDRESS	101 ABC RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Thomas E. Oakley* **THOMAS E. OAKLEY** 2/20/95 813)638-1435
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR