

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

**APPROVED AND FILED**  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # H83349 (1)**  
 1. Corporation Name  
**RAVEN TRANSPORT COMPANY, INC.**

Principal Place of Business: **9523 FLORIDA MINING BLVD. JACKSONVILLE FL 32257**  
 Mailing Address: **9523 FLORIDA MINING BLVD. JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/31/1985	04/12/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2599526	Not Applicable
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**DAWSON, CARL D.**  
**320 EAST ADAMS STREET**  
**JACKSONVILLE FL 32202**

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LEE, W RANDOLPH
STREET ADDRESS	1013 LONGWOOD DR
CITY - ST - ZIP	WOODSTOCK GA
TITLE	VD
NAME	SILVERMAN, STEPHEN
STREET ADDRESS	9523 FLORIDA MINING BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	SILVERMAN, JUDITH E.
STREET ADDRESS	9523 FLORIDA MINING BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **Stephen J. Silverman** 3/17/95 (904) 262-5733, Ext. 214  
Typed or printed name of signing officer or director Date