


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90013 028 ***158.75

DOCUMENT # H83349
 1. Entity Name
 RAVEN TRANSPORT COMPANY, INC.




Principal Place of Business Mailing Address
 11231 PHILLIPS INDUSTRIAL BLVD. E. 11231 PHILLIPS INDUSTRIAL BLVD. E.
 STE. 200 STE. 200
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

2. Principal Place of Business 3. Mailing Address
 6800 Broadway Avenue 6800 Broadway Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Jacksonville, FL Jacksonville, FL

Zip Country Zip Country
 32254 Duval 32254 Duval



03292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2599526 Not Applicable

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

6. Name and Address of Current Registered Agent
 RAVEN TRANSPORT ^{Holdings} HOLDING INC.
 11231 PHILLIPS INDUSTRIAL BLVD E
 SUITE 200
 JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent
 Name: *Raven Transport Holdings Inc.*
 Street Address (P.O. Box Number is Not Acceptable)
 6800 Broadway Avenue
 City: Jacksonville, FL FL Zip Code: 32254

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, W RANDOLPH 7 OAKMONT DRIVE ROME, GA 30161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVERMAN, STEPHEN 3673 CATHEDRAL OAKS PL SO JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, JUDITH E. 3673 CATHEDRAL OAKS PL SO JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Randolph Lee* (W. RANDOLPH LEE) 3/31/2004 (904) 880-1515

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #