# 60000206=



## KIMBERLY FOSTER

Controller Secretary/Treasurer P.O. Box 183 Harvey, LA 70059 (800) 825-6246 Fax: (504) 368-9389 Cell: (504) 352-1794 Email. kimbfost **©** acmetruck.com

(504) 368-2510

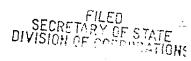
PICK-UP	☐ WAIT	MAIL
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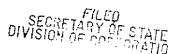
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### **COVER LETTER**

06 MAR 29 PH 3: 59

TO: New Filing Section Division of Corporations			
SUBJECT: Acme Truck Line, Inc.			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please, return all correspondence concerning this matter to the following:			
Kimberly Foster  (Name of Person)  Acme Truck Line Inc			
(Name of Person)			
Home Truck line Inc			
VI HIII/COMDANY			
POBOX 183 (Address)			
(Address)			
Harry LA 70059-0183			
(City/State and Zip code)			
For further information concerning this matter, please call:  (Name of Person)  Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\ \tag{\$78.75}\$ Filing Fee & \$\ \tag{\$87.50}\$ Filing Fee, Certificate of Status Certified Copy Certified Copy			



# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTO PH 3: 59

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORI REIGN CORPORATION TO TRANS	IDA STATUTES, THE FOLLOWING IS SUBMITTED TO FACT BUSINESS IN THE STATE OF FLORIDA.	
(Enter name of co	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
	71 77 71	name adopted for the purpose of transacting business in Florida)	
1 anic	aole in Plotida, enter alternate corporate LÂNA	MO DETLATOR	
	under the law of which it is incorporated		
4. (0)	14/1960	s. 49 years	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.	(Data first transacted bus	6 06 siness in Florida, if prior to registration)	
chucian to	(SEE SECTIONS 607,1501 &	607.1502, F.S., to determine penalty liability)	17
12 355	O N. Edgen	good Ave. Jacksonville,	FU
made Do	BOX 182 Principal offi	ice address)	
(0(1)010 F =	(Current maili	VII WY	•
-Ti-	oclading	nuckina	
0,	<u> </u>	te or country to be carried out in state of Florida)	
` * .	et address of Florida registered agent		
<del></del>		e. (x.o. box <u>prov</u> acopanie)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tailahassee	, Florida 32301	
	(City)	(Zîp code)	
Having been nam		ot service of process for the above stated corporation at the p pointment as registered agent and agree to act in this capac	
	omply with the provisions of all star with and accept the obligations of	tutes relative to the proper and complete performance of my my position as registered agent.	y duties
	Corporation Service Company By: WON SHOP	all	
	(Registered agent's sign	nature)	
		icated, not more than 90 days prior to delivery of this applica other official having custody of corporate records in the jurisc	

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

12. Names and business addresses of officers and/or directors:	SECRETABLED	
A. DIRECTORS	DIVISION OF CORRESTATI	
Chairman:	06 MAR 29 PM 3: 59	
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
V/ \		
, , , , , ,	-	
B. OFFICERS  President:		
Address:		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:	<del></del>	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.	
(Signature of Director or Officer listed in number 12 of the application)		
14. Kimberly Fosler		
(Typed or printed name and capacity of person signing application)		

#### ACME TRUCK LINE, INC. - CORPORATE OFFICERS - 2006

#### MICHAEL D. COATNEY - PRESIDENT

31 Cypress Point New Orleans, LA 70131

KIMBERY FOSTER SECRETARY/TREASURER

420 Avenue E Marrero, LA 70072

JOHN N. SANCHEZ - VP

2244 Litchwood Harvey, LA 70058

GEORGE S. MONCRIEF, SR. - VP

1351 Herman Duplantis Breaux Bridge, LA 70517

STEPHEN B. ROYE - VP

7602 Sandygate Ln. Houston, TX 77095

MILTON NOEY - VP

328 E. Little Creek Cedar Hill, TX 75104

JIMMIE VICKNAIR - VP

729 Mystic Ave. Terrytown, LA 70056

PATRICK CONNELLY - VP

127 Northridge San Antonio, TX 78209

GREG JOHNSON - VP

4044 Lemans Marrero, LA 70072 06 MAR 29 PM 3: 59

JOHN N. DERIS - VP

40030 Deer Creek Ponchatoula, LA 70454

KEITH CHERAMIE - VP

115 Orange Blossom Belle Chasse, LA 70037

RAY BROUSSARD - VP

3037 Diane Drive Morgan City, LA 70380

MARK ROESLER - VP

5000 Watkins Way, #233 Friendswood, TX 77546

GEORGE HEPTING - VP

728 Oakwood Drive Gretna, LA 70056

JOE M. AULDS - VP

1111 Jenkins Drive Crowley, LA 70526

THOMAS WOODARD, JR. - VP

Box 9069

Galveston, TX 77554

DIVISION FILED

OF MAR 29 PM 3: 59

# United States of America State of Louisiana



## As Secretary of State, Al Ater, I do hereby Certify that

ACME TRUCK LINE, INC.

A corporation domiciled in HARVEY, LOUISIANA,

Filed charter and qualified to do business in this State on June 22, 1960,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on.

March 6, 2006

Secretary of State



Certificate ID: 20060306002988

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov