

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

**APPROVED AND FILED**

**95 APR 17 PM 1:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **G16264** (5)  
 1. Corporation Name  
**PHIL'S TRUCKING CO.**

Principal Place of Business Mailing Address  
**% PHILIP JAMES ANDERSON**  
**14810 NE. 7TH COURT**  
**N. MIAMI FL 33161-2250**  
**% PHILIP JAMES ANDERSON**  
**14810 NE. 7TH COURT**  
**N. MIAMI FL 33161-2250**

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **DAVID B. HORENSTEN**  
 Suits, Apt. #, etc. Suits, Apt. #, etc.  
**22** **27** **7600 RED ROAD STE. 119**  
 City & State City & State  
**23** **28** **MIAMI FL**  
 Zip Country Zip Country  
**24** **25** **33143** **29** **30** **DADE**

3. Date Incorporated or Qualified **12/07/1982** 3a. Date of Last Report **04/14/1994**  
 4. FEI Number **59-2239045** 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  
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HORENSTEN, DAVID B**  
**7600 RED RD**  
**STE 119**  
**MIAMI FL 33143**

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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b>
NAME	<b>ANDERSON, MARIAN J</b>
STREET ADDRESS	<b>14810 NE 7TH CT</b>
CITY - ST - ZIP	<b>N MIAMI, FL 00000</b>
TITLE	<b>PDC</b>
NAME	<b>ANDERSON, PHILIP J</b>
STREET ADDRESS	<b>14810 NE 7TH CT</b>
CITY - ST - ZIP	<b>N MIAMI, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>ANDERSON, PHILIP G.</b>
STREET ADDRESS	<b>NO ADDRESS</b>
CITY - ST - ZIP	<b>RUSSELL SPRINGS KY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 119.07(3)(k), 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: Marian J. Anderson MARIAN J. ANDERSON 4/10/95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)