

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:00

DOCUMENT # **188173** (9)
1. Corporation Name
COMMERCIAL TRUCK BROKERS INCORPORATED

Principal Place of Business: **1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397**
Mailing Address: **1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397**

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		09/01/1955		01/24/1994	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-0751707		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARTON, LINDY 5550 JOHNSON AVENUE HAINES CITY FL 33844				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 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 is acceptable) (B3)FE Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTON, LINDY	1.2 NAME	
STREET ADDRESS	5550 JOHNSON AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL 33844	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, KERMIT C	2.2 NAME	
STREET ADDRESS	415 DYSON RD.	2.3 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL 33844	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURY, LORRAINE	3.2 NAME	
STREET ADDRESS	61 E. LAKE DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL 33844	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTON, JEFF	4.2 NAME	
STREET ADDRESS	5500 JOHNSON AVENUE	4.3 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL 33844	4.4 CITY ST ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTON, RICKY	5.2 NAME	
STREET ADDRESS	PARTON RANCH ROAD	5.3 STREET ADDRESS	
CITY ST ZIP	LAKE HAMILTON FL 33851	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(1)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lorraine H. Bradbury* Lorraine H. Bradbury Secretary-Treasurer January 9, 1995 813/421-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Expiration Date