

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 318436 (3)

1. Corporation Name

CARGO SERVICE STATIONS INC

Principal Place of Business

**205 S. HOOVER
TAMPA FL 33609**

Mailing Address

**205 S. HOOVER
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1967

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

59-1201356

Applied For

Not Applicable

State, Apt. # etc.

22

State, Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

City, State, Zip

24

City, State, Zip

29

City, State, Zip

30

6. This corporation has liability for intangible tax under Chapter 218,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**HUGHEY, MIKE
205 S HOOVER ST.
TAMPA FL 33609**

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

83

84

City

FL

85 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by Chapter 607, Florida Statutes, to be filed with the Department of State. The undersigned corporation submits this statement for the purpose of having its registered office or registered agent listed in the official public file for the corporation as required by Chapter 607, Florida Statutes, and that the corporation is a corporation organized under the laws of the State of Florida.

SUBSCRIBED

Signature of Officer or Director

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**VD
HURST, HARRY E.
205 S. HOOVER ST.
TAMPA FL**

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**PD
HUGHEY, MIKE
205 S HOOVER ST
TAMPA, FL 00000**

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**SD
CARTER, SHIRLEY
205 S HOOVER ST
TAMPA, FL 00000**

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**T
RAWLINS, WANITA M.
205 S. HOOVER ST.
TAMPA FL**

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**ASD
BROWNE, DAN
205 S. HOOVER ST.
TAMPA FL**

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.03(2)(b), Florida Statutes. I further certify that the information included 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 of this report or in an affidavit filed with this address.

SIGNATURE:

Mike Hughey

Mike Hughey
Pres.

4/28/95

(813) 286-2323