

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 10 AM 9:11

DOCUMENT # 330428 (4)
1. Corporation Name
INTERNATIONAL TRUCKING & RIGGING CO., INC.

Principal Place of Business Mailing Address
6175 NW 153 ST #321 6175 NW 153 ST #321
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/22/1968** 3a. Date of Last Report **02/18/1994**

4. FEI Number **59-1209709** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIPP, RICHARD L. SR.
5950 N.W. 77TH CT.
MIAMI FL 33186**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153 STREET
83 **SUITE 321**
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIPP, RICHARD L. SR.
STREET ADDRESS	14830 LEWIS RD.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	VD
NAME	KIPP, RICHARD L. JR.
STREET ADDRESS	14520 HAMPTON PL.
CITY-ST-ZIP	DAVIE FL
TITLE	D
NAME	KIPP, ANN
STREET ADDRESS	14830 LEWIS RD.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	ST
NAME	KIPP, ANN
STREET ADDRESS	14830 LEWIS RD.
CITY-ST-ZIP	MIAMI LAKES FL
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	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	33014
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	33325
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	33014
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	33014
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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)(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: *Ann Kipp*

ANN KIPP

3/7/95

305/556-9203

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone Number