

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 337389

(1)

1. Corporation Name

A & R TRUCKING COMPANY



Principal Place of Business

2317 KNOLLWOOD PLACE
TAMPA FL 33604

Mailing Address

2317 KNOLLWOOD PLACE
TAMPA FL 33604

3. Date Incorporated or Qualified

11/05/1968

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1231630

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25

29

Zip

Country

30

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

PEARSON, ROY T
2317 KNOLLWOOD PLACE
TAMPA FL 33604

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
PEARSON, ROY T
2317 KNOLLWOOD RD.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
HANCOCK, WILLIAM
307 HYDE PARK AVE.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
PEARSON, ALETHA
2317 KNOLLWOOD, RD.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
PEARSON, ALETHA
2317 KNOLLWOOD RD.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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:

Roy T. Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

(813) 932-7402

CR2E034 (12/95)