

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **406557** (9)

1. Corporation Name

AUSTIN TUPLER TRUCKING, INC.



Principal Place of Business

**6570 SW 47TH CT.
FT LAUDERDALE FL 33314**

Mailing Address

**6570 SW 47TH CT.
FT LAUDERDALE FL 33314**

2. Principal Place of Business

2a. Mailing Address

21. Subj. Apt. #, etc.

26. Subj. 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

**TUPLER, AUSTIN
6570 S W 47TH CT
FT LAUDERDALE FL 33314**

3. Date Incorporated or Qualified

08/09/1972

3a. Date of Last Report

01/20/1995

4. FEI Number

59-1426412

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

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 607.1502, 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 of Registered Agent (must be signed by the agent)

Date Registered Agent signature was obtained (day, month, year)

DAY

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TUPLER, AUSTIN W	
STREET ADDRESS	6570 S.W. 47TH CT.	
CITY-STATE-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	TUPLER, GLEN D.	
STREET ADDRESS	6570 SW 47 CT	
CITY-STATE-ZIP	DAVE FL 33314	
TITLE	VD	☐ DELETE
NAME	TUPLER, MARC A.	
STREET ADDRESS	6570 SW 47 CT	
CITY-STATE-ZIP	DAVE FL 33314	
TITLE	STD	☐ DELETE
NAME	TUPLER, RUTH	
STREET ADDRESS	6570 SW. 47 COURT	
CITY-STATE-ZIP	DAVE FL 33314	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Austin W. Tupler 20

1-18-96

305-583-0801

State

Day of Month

CR2E034 (12/95)