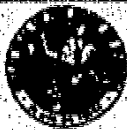


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:55

DOCUMENT # 429478 (1)

1. Corporation Name

CHARLIE BISHOP, TRUCK BROKERAGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6544 U.S. HWY. 41 N.
SUITE 125B
APOLLO BEACH FL 33572
US**

Mailing Address

**P O BOX 3461
P.O. BOX 3461
APOLLO BEACH FL 33572
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1973

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 6544 U.S. HWY. 41 N.

2a. Mailing Address

26 Suite, Apt. #, etc.

**22 Suite, Apt. #, etc.
SUITE 125B**

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-1482297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KELLER, KARRY
513 GOLF & SEA BLVD.
APOLLO BEACH, 33572**

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 607.1508, 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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME KELLER, KARRY
STREET ADDRESS 513 GOLF & SEA BLVD.
CITY-ST-ZIP APOLLO BEACH FL**

**TITLE S
NAME RICHARDS, PATRICIA
STREET ADDRESS 6229 FAIRWAY BLVD
CITY-ST-ZIP APOLLO BCH 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 110.07(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:

Karry Keller
KARRY KELLER

MONITORIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-95

Daytime Phone #

813-645-6429