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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

544958 **DOCUMENT #**

(2)

1. Corporation Name

TAMPA BROKERAGE TRUCK CO., INC.



Principal Place	000	Mailing Address 1109 TEAKWOOD TAMPA FL 33613	1108 TEAKWOOD			.]]	(10 1 1 1 1 1 1 1	7 1911 1881
					Date Incorporated or Qualified 09/09/1977	3a. Date of 04/1	Last Repo 1/1995	rt ,
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			lied For
1		26		59-0685102		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	City & State City & S		State		6. Election Campaign Financing			
23		28			Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i	ntangible tax i	unders 19	9.032,
24	25	29	30	T	Florida Statutes (2) Yes 10. Name and Address of New R		ant .	
	Name and Address of Curre	nt Registered Agent		64 11	10. Name and Address of New H	egistereu Ag	Jenit	
				81 Name				
RAMBO	, CHARLES B.			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	BUSCH							
TAMPA	FL 33604			83				
				84 City			85 Zip C	ode
				'	ration submits this statement for the pured of directors. I bereby accept the app	FL.	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered age			d Agent signature require	d when renstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND [DIRECTORS	S IN 12
12. TITLE	V	DELETE	1.1	IIIVE			Change	Addition
NAME	DUNN, RICHARD E		1.2)	IAME	,			
STREET ADDRESS	ALON TEALMINAD		1.3.5	STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		1.4 (CITY-ST-ZIP				
1/1LE	P	DELETE	2.1	TITLE			Change	☐ Addition
NAME	BURKETT, MARIE		221	NAME				
STREET ADDRESS	44000 C40T OT		23	STREFT ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		2.4	CITY+ST-ZIP				
TITLE	S	DELFTE	3. 1	TITLE	******) Change	Addition
NAME	DUNN, EVELYN M		3.2	NAME				
STREET ADDRES	AAAA TEALAHAAA AME		33	STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4	CITY - S1 - ZIP				FT 44.00
TITLE		DELETÉ	4. 1	TITLE] Change	Addition
NAME	\		4.2	NAME				
STREET ADDRES	ss		4.3	STREET ADDRESS				
CITY-ST-ZIP				CITY-SY-ZIP			7 Charre	Th Addition
TITLE		DELETE	5 1	TITLE		L] Change	Addition
NAME				NAME				
STREET ADDRES	ss			STREET ADDRESS				
CITY-ST-ZIP				CITY - S1 - ZIP			7 Change	Addition
TITLE		☐ DELETE	1	TITLE		L	Change	☐ Madition
NAME				NAME				
STREET ADDRES	ss			STREET ADDRESS				
CITY OF 200			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)(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: BICK ALD E DUNI VP 5-10-96 968-1390