

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 567391 (8)
1. Corporation Name
OLLIE ARTHUR TRUCKING COMPANY, INCORPORATED

Principal Place of Business
**8312 NORTHGATE DR.
ORLANDO FL 32818**

Mailing Address
**8312 NORTHGATE DR.
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1978	3a. Date of Last Report 04/25/1994
4. FEI Number 59-1810629	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
6. This corporation has activity for intangible tax under § 199.04, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent

**ARTHUR, LOUIS D.
1515 ADRIATIC DR
OCOE FL 34761**

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 607.0402 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 607.0408, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Secretary of State or Designated Agent)

AS

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ARTHUR, LOUIS D.
STREET ADDRESS	1515 ADRIATIC DR
CITY, ST, ZIP	OCOE FL
TITLE	S
NAME	ALDERMAN, DIANNE A.
STREET ADDRESS	1459 SPRING RIDGE CIR
CITY, ST, ZIP	WINTER GARDEN FL
TITLE	T
NAME	ARTHUR, LOUIS D.
STREET ADDRESS	1515 ADRIATIC DR
CITY, ST, ZIP	OCOE 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. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this 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 and Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Dianne A. Alderman* Dianne A. Alderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 407.654-0033
Type Tagline Number