

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 573199 (7)

1. Corporation Name
MONTGOMERY TRUCK LINES, INC.

Principal Place of Business
**P.O. BOX 6
CENTRAL AVE
COLEMAN FL 33521**

Mailing Address
**P.O. BOX 6
CENTRAL AVE
COLEMAN FL 33521**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/22/1978** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-1198610		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**CHEESEMAN, STEPHEN C.
700 TWIGGS ST., SUITE 105
TAMPA FL 33602**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, S.E.	1.2 NAME	
STREET ADDRESS	CENTRAL AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLEMAN FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, S.E.	2.2 NAME	
STREET ADDRESS	CENTRAL AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLEMAN FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MURRAY MAXELL	3.2 NAME	
STREET ADDRESS	CENTRAL AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLEMAN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

[Signature]

S. E. MONTGOMERY

04-17-95

904-748-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone