FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:36

DOCUMENT # 769609 (9)

1. Corporation Name
THE OLE TRUCKERS OF BRANDON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1281 BRANDON FL 33509-281 US	P.O. BOX 1281 BRANDON FL 33509-1281 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1983
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2375545 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GNOZALEZ, DAVID A
3607 SUGAR CREEK DR.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: DAVID A. GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 3607 SUGAR CREEK DR.
83
84 City: TAMPA FL 85 Zip Code: 33619

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: David A Gonzalez 3/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DP ☒ Change ☐ Addition
NAME	SMITH, BRUCE	12 NAME	JACK ROSS
STREET ADDRESS	931 LAKE FULLER DR.	13 STREET ADDRESS	3970 APPLETREE DR.
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	VALRICO FLA 33594
TITLE	DT	21 TITLE	DV ☒ Change ☐ Addition
NAME	TILLOTSON, WAYNE	22 NAME	BRUCE SMITH
STREET ADDRESS	501 PINE LANE	23 STREET ADDRESS	9507 SUNNYOAK DR
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	RIVERVIEW FLA 33569
TITLE	DS	31 TITLE	DT ☒ Change ☐ Addition
NAME	GONZALEZ, DAVID	32 NAME	DAVID A. GONZALEZ
STREET ADDRESS	3607 SUGAR CREEK DR.	33 STREET ADDRESS	3607 SUGAR CREEK DR.
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FLA 33619
TITLE	DV	41 TITLE	DS ☒ Change ☐ Addition
NAME	WASDEN, BOBBY	42 NAME	TAM LEISURE
STREET ADDRESS	4801 SOUTH CALHOUN ROAD	43 STREET ADDRESS	1609 BELL SHOALS RD
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP	BRANDON FLA 33511
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Gonzalez 3/18/95 813-623-3164
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

608184