## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 769609

1. Corporation Name

(9)

THE OLE TRUCKERS OF BRANDON, INC.

Principal Place of Business Mailing Address						
P.O. BOX 1281 P.O. BOX 1281						
BRANDON FL 33509-281		BRANDON FL 33509-1281				
US		U\$			3. Date incorporated or Qualified	3a. Date of Last Report
					07/29/1983	04/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		<b>59-2375545</b> Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Germicate of Status Desireo	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		1 rust Fund Contribution	Added to Fees	
Zip			· • • • • • • • • • • • • • • • • • • •		<ol><li>This corporation has liability for</li></ol>	
24			30		Florida Statutes Li Yes Ly No 10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	it Registered Agent	81	1 1	10. Name and Address of New I	registered Agent
DAVID A GONZALEZ			82	Nita A Ferris  82 Street Address (P.O. Box Number is Not Acceptable)		
1	gar Creek Dr		7501-1		-142nd. Ave. N. Lot 597	
TAMPA F	FL 33601		83			
			84	City		85 Zip Code
				I `т	Largo	FL     34641
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.						
or registered agent, or both, in the state of monda, such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Sunday Diport or profession and of registered again and the if against the interpretable of Again Signature registered when reinstating DATE.						
12.	7,5			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<b>∑</b> DELETE	1111116		DP	Change 🔲 Addition
NAME	ROSS, AJCK	n.	1.2 NAME	ļ	<del></del>	<b>x</b> -
STHEET ADDRESS	3970 APPLETREE DR		1.3 STREE	T ADDRESS	Bruce Smith	
CITY - S1 - ZIP	VALRICO FL		1 4 CITY -		9507 Sunny Oak Dr	22560
TOTLE	DV X DELETE		2 1 TITLE			Change Addition
NAME	SMITH, BUCE	••	2 2 NAME		Fred Ragan	A
STREET ADDRESS					3705 Ralston Road	
CITY-ST-ZIP	RIVERVIEW FL				Plant City, FL 33566	
TITLE	DT XOELEIE		3 1 11111		DT	Change Addition
NAME	GONZALEZ, DAVID A		3.2 NAME		Nita Ferris	
STREET ADORESS	ACCT AUGUD ADEEK DD		3 3 STREE	r address	7501-142nd. Ave.	N. Lot 597
CHTY-S1-ZIP	TAMPA FL		3.4. CiTY -	S1-ZIP	Largo, FL 3464	1
1 TLE	DS	DELETE	4 1 TITLE		DS	Change Addition
NAME	LEISURE, PAM		4 2 NAME		Patty Taylor	**
STREET ADDRESS	1609 BELL SHOALS RD		4 3 STREE	43 STREET ADDRESS 9910 Peninsular Drive		rive
CITY - ST - ZIP	BRANDON FL		4.4 CiTY -		Gibsonton, FL 33534	
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP			5 4 CITY-			
TILE		DELETE	6 1 TITLE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS				I ADDRESS		
COLY - ST - ZIP			6.4 CITY -			

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:

Nita Ferris Treasurer 2/8/96 (813) 572-5078

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)