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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33509-281
US



3. Date Incorporated or Qualified

07/29/1983

4. FEI Number

59-2375545

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERRIS, NITA A.
7501-142ND AVENUE NORTH
LOT 597
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

LUCY M. CARROLL

82 Street Address (P.O. Box Number Is Not Acceptable)

8426 Pinewood St.

83

84 City

TAMPA

FL

85 Zip Code

33615

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.

SIGNATURE

LUCY M. CARROLL

Signature, typed or printed name of registered agent and title if applicable

Lucy M. Carroll

(NOTE: Registered agent signature required when reappointing)

1/8/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DP SMITH, BRUCE**
STREET ADDRESS **9507 SUNNY OAK DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☒ DELETE

NAME **DV RAGAN, FRED**
STREET ADDRESS **3705 RALSTON ROAD**
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☒ DELETE

NAME **DT FERRIS, NITA**
STREET ADDRESS **7501-142ND AVENUE NORTH LOT 597**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ DELETE

NAME **DS TAYLOR, PATTY**
STREET ADDRESS **9910 PENINSULAR DRIVE**
CITY-ST-ZIP **GIBSONTOWN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DP LITTLE, GARY**
1.3 STREET ADDRESS **6513 ABACO DR**
1.4 CITY-ST-ZIP **APOLLO BEACH, FL 33572**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **DV MANKEDICK, Bob**
2.3 STREET ADDRESS **1015 NEPTUNE DR**
2.4 CITY-ST-ZIP **RUSKIN, FL 33570**

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME **~~DT FERRIS, NITA~~ CARROLL, Lucy M.**
3.3 STREET ADDRESS **8426 Pinewood St**
3.4 CITY-ST-ZIP **TAMPA, FL 33615**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **DS MARSHNER, ROSE**
4.3 STREET ADDRESS **4217 SPRINGWAY COURT**
4.4 CITY-ST-ZIP **VALRICO, FL 33594**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lucy M. Carroll

Lucy M. CARROLL

1/8/98

(813) 884-8736

CR2037 (10/97)