

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 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 846330 (9)
1. Corporation Name
TRISM SPECIALIZED CARRIERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 113 JOPLIN MO 64802 **P.O. BOX 113 JOPLIN MO 64802**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1980** 3a. Date of Last Report **05/01/1994**

4. FEI Number **58-0653700** 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 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKENZIE, W. GUY JR
122 APPEYARD DRIVE
TALLAHASSEE FL 32302**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**
NAME **WILSON, ALAN**
STREET ADDRESS **1425 FRANKLIN RD.**
CITY - ST - ZIP **MARIETTA GA 30067**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

DELETE WILSON

☒ Change ☐ Addition

TITLE **TD**
NAME **DEEL, DARYL**
STREET ADDRESS **EAST SEVENTH ST.**
CITY - ST - ZIP **JOPLIN MO 64802**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **HARTTER, GARY W**
STREET ADDRESS **1425 FRANKLIN RD**
CITY - ST - ZIP **MARIETTA GA 30067**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **VROOMAN, EDWARD**
STREET ADDRESS **EAST SEVENTH ST.**
CITY - ST - ZIP **JOPLIN MO 64802**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

DELETE VROOMAN

**ADD: J MICHAEL MAY 76102
301 COMMERCE ST. FT WORTH TX**

☒ Change ☒ Addition

TITLE **D**
NAME **REVIE, JAMES**
STREET ADDRESS **1425 FRANKLIN RD.**
CITY - ST - ZIP **MARIETTA GA 30067**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

DELETE REVIE

☒ Change ☐ Addition

TITLE **D**
NAME **LAWRENCE, MICHAEL**
STREET ADDRESS **1425 FRANKLIN RD.**
CITY - ST - ZIP **MARIETTA GA 30067**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYL DEEL

4-24-95

151a

Corporate Filings &