

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:45

DOCUMENT # **F28376** (4)

1. Corporation Name
HOUSTON TRUCKING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
490 CARVER ROAD
997 S WICKHAM ROAD
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1981** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **490 Carver Rd** 25

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
Rockledge FL

24 Zip 29 Zip 30 Locality
32955 **Brevard**

4. FEI Number **59-2091461** 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**

8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSTON, COYTE EUGENE
3430 MURRELL RD.
ROCKLEDGE FL 32955

(Address change only)

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3430 Rosa Dr
83
84 **Rockledge** **FL** 85 Zip Code **32955**

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 of application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HOUSTON, COYTE EUGENE**
STREET ADDRESS **3430 MURRELL RD.**
CITY - ST - ZIP **ROCKLEDGE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **3430 Rosa Dr**
1.4 CITY - ST - ZIP **Rockledge FL 32955**

TITLE **VD**
NAME **HOUSTON, MARY**
STREET ADDRESS **3430 MURRELL ROAD**
CITY - ST - ZIP **ROCKLEDGE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **3430 Rosa Dr.**
2.4 CITY - ST - ZIP **Rockledge FL 32955**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary E Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95

407632-0818
IDENTIFICATION #