

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002444 (8)

1. Corporation Name

THE FREIGHT CONNECTION, INC.

Principal Place of Business

**12900 DUPONT CIRCLE
TAMPA FL 33626**

Mailing Address

**12900 DUPONT CIRCLE
TAMPA FL 33626**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

11-2994672

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, MICHAEL J
12900 DUPONT CIRCLE
TAMPA FL 33626**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JACKSON, MICHAEL J
STREET ADDRESS	12900 DUPONT CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BURKE, WILLIAM
STREET ADDRESS	12900 DUPONT CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GAETZ, RICHARD E
STREET ADDRESS	CN MACMILLAN YARD/KEELE ST AND BOWES
CITY - ST - ZIP	CONCORD ON
TITLE	D
NAME	GNAT, ALBERT
STREET ADDRESS	24 MOBILE DRIVE
CITY - ST - ZIP	TORONTO ON
TITLE	D
NAME	MCGRAW, RICHARD D
STREET ADDRESS	24 MOBILE DRIVE
CITY - ST - ZIP	TORONTO ON
TITLE	D
NAME	ROBINSON, KIM S
STREET ADDRESS	24 MOBILE DRIVE
CITY - ST - ZIP	TORONTO ON

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

Date

(813) 854-1500

System Phone #