FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # F93000002444 (8)

THE FREIGHT CONNECTION, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						
12900 DUPONT CIRCLE 12900 DUPONT CIRCLE			Anne ann ann ann ann ann ann ann ann ann			
TAMPA FL 33626 TAMPA FL 33626-3009						
				3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 04/12/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
Suite, Apt. #, etc.		Suite, Apt #, etc.		11-2994672	Not Applica	
22		27)		5. Certificate of Status Desired	□ \$8.75 Additiona	
City & State		City & State		6. Election Campaign Financing	Fee Required	
		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country.	8. This corporation has liability to	or Intangible tax under s. 199,032	
21 35	9. Name and Address of Curr	29 29 Agent	30]	Florida Statutes	🛣 Yes 🔲 No	
JACKS	SON, MICHAEL J	ont registered Agent	81 Name	10. Name and Address of New F	legistered Agent	
	DUPONT CIRCLE			Geoff Duncan		
	A FL 33626		82 Street	Address (P.O. Box Number is Not Accepted 2900 Dupont Co.	able)	
·			83	12900 Dupont Gr	CIL.	
· · · · · · · · · · · · · · · · · · ·			64 0			
			84 City	Tampa	FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statuto	os, the above-named	corporation submits this statement for the	purpose of changing its register	
agent. I at	amiliar with and accept the obli	ite of Florida. Such change was a igations of, Section 607.0505, Fic	authorized by the cor orida Statutes.	corporation submits this statement for the poration's board of directors. I hereby according to the control of	ept the appointment as registere	
SIGNATURE 🖊	TOTAL POWOOW	GEOFF LIVERCE	AN .		4/28/97	
12.	Ignature. That is printed name of registered a	gent and title if applicable (NOTE ND DIRECTORS	: Registered Agent signatur		DATE	
	PD OFFICERS AI	DELFTE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF		
NAME .	JACKSON, MICHAEL J	A Dett it	1.2 NAME		☐ Change ☐ Addir	
	12900 DUPONT CIRCLE		13 STHEFT ADDRESS			
TY-ST-ZIP	TAMPA FL		1.4 City-St-ZiP			
TITLE	D	DELETE	21 TITLE	P/D	Change Addit	
	GAETZ, RICHARD E		2.2 NAME	1.75	A change E Autil	
STREET ADDRESS CN MACMILLAN YARD/KEELE		ST AND BOWES	2.3 STREET ADDRESS			
	CONCORD ON		2 4 CHY-ST-ZIP			
	D ONAT ALBERT	DELETE	3 1 TITLE		☐ Change ☐ Addit	
3 .	gnat, albert 24 mobile drive	•	3.2 NAME			
	24 MUBILE DHIVE TORONTO ON		3.3 STREET ADDRESS			
TY-ST-ZIP		DECER	3.4 CITY-\$1-ZIP			
	MCGRAW, RICHARD D	☐ DELFIE	4.1 TITLE		Change Addit	
	24 MOBILE DRIVE		4 2 NAME			
	TORONTO ON		4.9 STREET ADDRESS			
TLE		☐ DELETE	4.4 €(TY-ST-ZIP 5.1 TITLE	<u> </u>	70 X 7	
AME		_ otte	5.2 NAME		Change Additi	
TREET ADDRESS			5.3 STREET ADDRESS	Walker, Don		
ITY-ST-ZIP			5.4 CITY-S1-ZIP	24 Mobile Dr. Toronto ON		
TLE		DELETE	6.1 TITLE	TOLOUIO ON	☐ Change ▲Additi	
AME			6.2 NAME	Duncan, Geoff	C Shange ESAOUIL	
TREET ADDRESS			6.3 STREET ADDRESS	12900 Dupont Circle		
ATY-ST-ZIP			64 CITY, ST, 7IP	Tampa FL		
 I do hereby of 	certify that the information supplied	ed with this filing does not qualify	for the exemption of	totad in Coding 440 07(0)() Et al. O.		

no release entity 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 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 18 inchanged, or once attachment with an address.