

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90174 029 ***158.75

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002444

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

**DUNCAN, GEOFF
12900 DUPONT CIRCLE
TAMPA FL 33626**

10. Name and Address of New Registered Agent

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **S**
NAME **SIBSON, MELISSA**
STREET ADDRESS **12900 DUPONT CIR**
CITY-ST-ZIP **TAMPA FL 33626**

☐ DELETE

TITLE **D**
NAME **GAETZ, RICHARD E**
STREET ADDRESS **CN MACMILLAN YARD/KEELE ST AND BOWES**
CITY-ST-ZIP **CONCORD ON**

☐ DELETE

TITLE **D**
NAME **GNAT, ALBERT**
STREET ADDRESS **24 MOBILE DRIVE**
CITY-ST-ZIP **TORONTO ON**

☐ DELETE

TITLE **CD**
NAME **MCGRAW, RICHARD D**
STREET ADDRESS **24 MOBILE DRIVE**
CITY-ST-ZIP **TORONTO ON**

☐ DELETE

TITLE **P**
NAME **DUNCAN, GEOFF**
STREET ADDRESS **12900 DUPONT CIRCLE**
CITY-ST-ZIP **TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

☒ Change ☐ Addition

**70 University Ave
Toronto, ON**

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

☒ Change ☐ Addition

**70 University Ave
Toronto, ON**

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

☒ Change ☐ Addition

**70 University Ave
Toronto, ON**

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

**D
Glass, Kevin
70 University Ave
Toronto, ON**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Sibson

4/30/99

(813)854-1500

CR2E034 (11/98)