

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000003541 (8)**

1. Corporation Name

THE COMPLETE LOGISTICS COMPANY



Principal Place of Business

**7850 NW 146TH STREET
SUITE 407
MIAMI LAKES FL 33016**

Mailing Address

**7850 NW 146TH STREET
SUITE 407
MIAMI LAKES FL 33016**

2. Principal Place of Business

21 **8093 NW 67 St.**

Suite, Apt. #, etc.

22

City & State

23 **Miami, FL**

Zip

24 **33166**

Country

25 **Dade**

2a. Mailing Address

26 **8093 NW 67 St.**

Suite, Apt. #, etc.

27

City & State

28 **Miami, FL**

Zip

29 **33166**

Country

30 **Dade**

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

4. FEI Number

95-4236447

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	RAINS, BOB	6280 MANCHESTER BLVD., SUITE 116	BUENA PARK CA 90621	<input type="checkbox"/>
D	RAINS, ROBERT C	6280 MANCHESTER BLVD., SUITE 116	BUENA PARK CA 90621	<input checked="" type="checkbox"/>
SD	YORKE, JOHN	2400 YORKMONT ROAD, 400 TWO COLISEUM CENTR	CHARLOTTE NC 28217	<input checked="" type="checkbox"/>
C	SCOTT, LARY L	2400 YORKMONT ROAD, 400 TWO COLISEUM CENTR	CHARLOTTE NC 28217	<input checked="" type="checkbox"/>
D	POOLE, SHAWN W	2400 YORKMONT ROAD, 400 TWO COLISEUM CENTR	CHARLOTTE NC 28217	<input checked="" type="checkbox"/>
T	STARNES, LES	6280 MANCHESTER BLVD., SUITE 116	BUENA PARK CA 90621	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Vice Pres.	Wright, Granville	6280 Manchester Blvd Ste. 116	Buena Park, CA 90621	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assistant Treasurer	Loeffler, David	3801 Old Greenwood Road	Fort Smith, AR 72903	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chairman	Scott, Lary	3801 Old Greenwood Road	Fort Smith, AR 72903	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Controller	Morinoue, Allan	6280 Manchester Blvd. Ste. 116	Buena Park, CA 90621	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(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

03/22/96 (714) 562-6900

Date Daytime Phone #

CR2E034 (12/95)