

F96000002316

TO: Qualification/Tax Lien Section
Division of Corporations

5000001784289
-04/17/93--01073--009
****122.50 ****122.50

SUBJECT: Mid South Specialized Carriers, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jackie McCord
(Name of Person)
Mid South Specialized Carriers
(Firm/Company)
11088 NW 19th Street
(Address)
Coral Springs FL 33071
(City/State/Zip)

W96-8367

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DIVISION OF CORPORATIONS
96 MAY -9 AM 9:20

LC
5/9

Should you need to call someone concerning this matter, please call:

Jackie McCord at (954) 427-3111
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 18, 1996

JACKIE MCCORD
MID SOUTH SPECIALIZED CARRIERS
11088 NW 19TH STREET
CORAL SPRINGS, FL 33071

SUBJECT: MID-SOUTH SPECIALIZED CARRIERS, INC.
Ref. Number: W96000008367

We have received your document for MID-SOUTH SPECIALIZED CARRIERS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporate or limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please note that we are returning the "Certificate of Tax Clearance" you submitted, as it is not necessary for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 096A00018184

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Mid-South Specialized Carriers, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee
(State or country under the law of which it is incorporated)
3. 62-1578726
(FBI number, if applicable)
4. May 1995
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 11088 NW 19th Street
Coral Springs, FL 33071
(Current mailing address)
8. Trucking - construction equipment
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Jackie McCord
Office Address: 11088 NW 19th Street
Coral Springs, Florida, 33071
(Zip Code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jackie L. McCord
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: James P. McCorn

Address: 11088 NW 19th Street

Coral Springs, FL 33071

Vice President: _____

Address: _____

Secretary: Jackie McCorn

Address: 11088 NW 19th Street

Coral Springs, FL 33071

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jackie L. McCorn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jackie L. McCorn
(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 04/10/1996
REQUEST NUMBER: 96101136
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/12/1994
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0283683
JURISDICTION: TENNESSEE

TO:
JACKIE MCCORD
1191 E NEWPORT CTDR
SUITE 102
DEERFIELD BEACH, FL 33442

REQUESTED BY:
JACKIE MCCORD
1191 E NEWPORT CTDR
SUITE 102
DEERFIELD BEACH, FL 33442

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"MID-SOUTH SPECIALIZED CARRIERS, INC."

THAT THE CORPORATION IS DELINQUENT IN THE PAYMENT OF FRANCHISE AND EXCISE TAXES,
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED
WITH THIS OFFICE, AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/10/96

FROM:
PETER L FALKENBERG
4905 MANASSA CIRCLE

BRENTWOOD, TN 37027-4764

RECEIVED: FEES \$40.00 \$40.00
TOTAL PAYMENT RECEIVED: \$80.00

RECEIPT NUMBER: 00001949090
ACCOUNT NUMBER: 00235718



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE