

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G86274** (9)

1. Corporation Name
CARROLL FULMER TRUCKING CORPORATION

Principal Place of Business	Mailing Address
5395 L.B. MCLEOD RD. P.O. BOX 616300 ORLANDO FL 32861-3300	5395 L.B. MCLEOD RD. P.O. BOX 616300 ORLANDO FL 32861-3300

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/21/1984	3a. Date of Last Report 04/19/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2820057	Applied For <input type="checkbox"/> Not Applicable
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	Country	Country
24	25	29	30

5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FULMER, PHILIP R. 1010 PALADINE COURT ORLANDO FL 32806	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
Separate sheet or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CYNTHIA, F	12. NAME	
STREET ADDRESS	137 HARTINGTON DR	13. STREET ADDRESS	
CITY - ST - ZIP	MADISON AL	14. CITY - ST - ZIP	35858
TITLE	D	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, PHILIP	2.2 NAME	FULMER, PHILIP R.
STREET ADDRESS	1010 PALADIN CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	32806
TITLE	PD	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, TONY	3.2 NAME	FULMER, CARROLL A.
STREET ADDRESS	1065 DOSS AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	32809
TITLE	D	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, TIM	4.2 NAME	FULMER, TIMOTHY A.
STREET ADDRESS	9239 WOODBREEZE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	4.4 CITY - ST - ZIP	32819
TITLE	VPS	5.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, BARBARA B.	5.2 NAME	
STREET ADDRESS	8970 CHARLESTON PARK	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	32819
TITLE		6.1 TITLE	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	FULMER, CARROLL L.
STREET ADDRESS		6.3 STREET ADDRESS	8970 CHARLESTON PARK
CITY - ST - ZIP		6.4 CITY - ST - ZIP	ORLANDO, FL 32819

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: Barbara B Fulmer DATE: 4/21/95 (407) 299-0900
BARBARA B. FULMER, EXECUTIVE VICE PRESIDENT