

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G86274** (9)

1. Corporation Name

**CARROLL FULMER TRUCKING CORPORATION**



Principal Place of Business

Mailing Address

**5995 L.B. MOLEND RD.  
P.O. BOX 01000  
ORLANDO FL 32801-0300**

**5995 L.B. MOLEND RD.  
P.O. BOX 01000  
ORLANDO FL 32801-0300**

2. Principal Place of Business

2a. Mailing Address

**21 8340 American Way**

**26 P.O. Box 5000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Groveland, FL**

**28 Groveland, FL**

Zip

Zip

**24 34736**

**29 34736**

Country

Country

**25 LAKE, USA**

**30 LAKE, USA**

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/21/1984**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2820057**

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

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)

**8000 Cherry Lake Rd.**

83.

84.

**Groveland**

**FL**

85. Zip Code  
**34736**

11. Pursuant to the provisions of Sections 607.002 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TURNER, CYNTHIA, F  
137 HARTINGTON DR  
MADISON AL**

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

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FULMER, PHILIP R  
1010 PALADINE CT.  
ORLANDO FL**

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

**8000 Cherry Lake Rd.  
Groveland, FL 34736**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
FULMER, TONY  
FULMER, CARROLL A  
ORLANDO FL**

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

**CARROLL A FULMER  
14726 GORD NECK DR.  
MONT VERDE, FL 34756**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FULMER, TIMOTHY A  
9239 WOODBREEZE BLVD  
WINDERMERE FL**

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

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
FULMER, BARBARA B.  
8970 CHARLESTON PARK  
ORLANDO FL**

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

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
FULMER, CARROLL L  
8970 CHARLESTON PARK  
ORLANDO FL**

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

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

Date

Daytime Phone #

CR2E034 (12/95)