	E NOW: FILING FEE	AFTER MAY 1	IS \$225.00		
COF	PROFIT RPCRATION JAL REPORT	Sendra H. Mortho			
,	1996		F CORPORATIONS	į,	
DOCUI	MENT # H418	36 (8)			
AMER	ICAN TRUCK SERVICE, IN	C.			
				 	
Principal Place		Mailing Address			IR DUU BIBII OIBII OIBII BIBII BIBII DIBII IBBI
229 BEVERI PENSACOLA	LY PARKWAY A FL 32505	229 BEVERLY PARKY PENSACOLA FL 3250			
				 Date Incorporated or Qualified 02/08/1985 	3a. Date of Last Report 04/10/1995
_2, Principal Pla 21	ace cf Business	2a. Mailing Address 26		4. FEI Number 59-2504624	Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip 24	Country 25	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s 199.032,
<u> </u>	9. Name and Address of Currer	29 29 Agent	30	Fiorida Statutes Yes 10. Name and Address of New R	□ No legistered Agent
11. Pursuant to or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florich, and accept the obligations of, Sect			oration submits this statement for the pur pard of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office postered agent. I am
	Signarure, typed or printed name of registered agent	and title if applicable. (NO	TE Registered Agent signature requ		DATE
TITLE	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS CHTY-ST-ZIP	GODWIN, PHYLLIS D. 229 BEVERLY PKWY PENSACOLA FL		1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip	Godwin, Phyli 229 Benery Pensacola, F	lis D.
THUE NAME	ST	DELETE	2. 1 TITLE	70134313, P	Change Addition
STREET ADDRESS	DUGGAN, WILLIAM, F 229 BEVERLY PKWY		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PENSACOLA FL	☐ DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME OTBEET ADDRESS			3 2 NAME		
STREET ADDRESS CITY-ST-ZiP			3.3. STREET ADDRESS 3.4 CITY - ST - ZIF'		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-S1-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			52 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
Crist-an-zir I					

SOLD OF SIGNING OFFICER OR DIRECTOR

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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date 4-15-96 GO4438-1493