

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 # H61098

(0)

1. Corporation Name

RUSSELL TRUCKING, INC.



Principal Place of Business

Mailing Address

6401 CIRCLE D DRIVE
LOXAHATCHEE FL 33470

6401 CIRCLE D DRIVE
LOXAHATCHEE FL 33470

2. Principal Place of Business

2a. Mailing Address

21 6250 Northlake Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 P.Bch Gardens, FL

28

Zip

Country

Zip

Country

24 33418

25

Palm Beach

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/10/1985

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2558669

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

KRAMER, SCOTT
1155 US HWY ONE STE 205
LOGGERHEAD PLAZA
JUNO BEACH FL 33408

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 date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

RUSSELL, THEODORE M., JR
6401 CIRCLE D DR.
LOXAHATCHEE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST

RUSSELL, TERESA A.
6401 CIRCLE D DR.
LOXAHATCHEE FL

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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: Teressa A. Russell 5/6/96 407-624-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)