

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H73725** (4)

1. Corporation Name

F.S.R. TRUCKING, INC.



Principal Place of Business

**% FREDERICK S. RICEPUTO
7500 NEMEC DR. NORTH
LAKE CLARKE SHORES FL 33406**

Mailing Address

**% FREDERICK S. RICEPUTO
7500 NEMEC DR. NORTH
LAKE CLARKE SHORES FL 33406**

3. Date Incorporated or Qualified
08/29/1985

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 **5900 Our Rookies Rd**

Suite, Apt. #, etc.

22

City & State

23 **Jupiter FL**

Zip

24 **33458**

Country

25 **Pan Am**

2a. Mailing Address

26 **5900 Our Rookies Rd**

Suite, Apt. #, etc.

27

City & State

28 **Jupiter FL**

Zip

29 **33458**

Country

30 **P.A.**

4. FEIN Number

59-2568845

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

9. Name and Address of Current Registered Agent

**RICEPUTO, FREDERICK S.
7500 NEMEC DR. NORTH
LAKE CLARKE SHORES FL 33406**

10. Name and Address of New Registered Agent

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 607.1506, 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 of signature

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RICEPUTO, FREDERICK S.**
STREET ADDRESS **7500 NEMEC DR. NORTH**
CITY-STATE-ZIP **LAKE CLARKE SHORES FL**

TITLE **STD** ☐ DELETE

NAME **REPACI, MICHAEL W**
STREET ADDRESS **117 ORION ROAD**
CITY-STATE-ZIP **PISCATAWAY NJ 08854**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

**5900 Our Rookies Rd.
Jupiter FL 33458**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, on an attachment with an address.

SIGNATURE:

F.S. Riceputo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

407-745-8661

CR2E034 (12/95)