

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90188** (4)

1. Corporation Name

TODAY'S TRUCKING CORPORATION

Principal Place of Business

P. O. BOX 15005
TAMPA FL 33684

Mailing Address

P. O. BOX 15005
TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2616665

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 5-190.035,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. ZIP

Country

28. ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, FEDERICK J., ESQ.
MORRISON, MORRISON & GREGORY, P.A.
600 NORTH FLORIDA AVENUE, SUITE 1700
TAMPA FL 33602**

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 of Registered Agent (must be signed by the Registered Agent)

Signature of Registered Agent (must be signed by the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

12.1	NAME	PD MONTERO, BRAULIO D.
12.2	STREET ADDRESS	7024 BENJAMIN RD.
12.3	CITY, ST, ZIP	TAMPA FL
12.4	NAME	ST MONTERO, MIRTA F.
12.5	STREET ADDRESS	7024 BENJAMIN RD.
12.6	CITY, ST, ZIP	TAMPA FL
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	
12.16	NAME	
12.17	STREET ADDRESS	
12.18	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	NAME	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make 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 attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRAULIO MONTERO

4/10/95

Date

Signature Page #