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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

4	1996		DIVISION OF	CORPORATION	ONS					
	MENT # <b>H90</b>	407	(8)							
Corporation THORC	DUGHBRED FREIGHT I	LINES INC	` '							
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incipal Place	of Business	Mailne	q Address							
ncipal Place of Business <sub>.</sub> 6 JAMES MOONEY			% JAMES MOONEY							
7400 N.W. 55TH AVE.		% JAMES MOUNET 7400 N.W. SSTH AVE.								
OCALA FL 32	2675	OCA	ALA FL 32675			3. Date Incorporated or Qu	ualified T	3a. Date of	Last Re	port
						12/18/1985			3/199	
Principal Pa	nce of Business	2a. Ma	ailing Address			4. FEI Number			[ ]A	pplied For
		26			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	59-2521135				lot Applicab
Suite, Apt. #	t, etc.	∳~··~γ	iite, Apt. #, etc.			5. Certificate of Status Des	ired	□ <b>\$</b>		Additional
Orty & State	· · · · · · · · · · · · · · · · · · ·	27 Cit	ty & State			6. Election Campaign Finar	acino.			equired
,		28	y a ciolo			Trust Fund Contribution	icing			May Be to Fees
Zφ	Country	Ζι,	o	Country	,	8. This corporation has liab				
	25	29		30			Yes			· · ····
	9. Name and Address of C	Current Hegistere	ed Agent	81	Name	10. Name and Address of	New Reg	intered Age	nt	
MOONE	Y, JAMES									
	T, JAMES W. 55TH AVE.			82	Street Addr	ress (P.O. Box Number is Not A	cceptable)			-
	FL 32675			83					<del></del>	
<ul> <li>or registere</li> </ul>	o the provisions of Sections 60 ed agent, or both, in the State c h, and accept the obligations of	of Florida. Such ch	iange was authorize	ed by the corp	named corpor	ration submits this statement for rd of directors. I hereby accept t	the purpoin	FL   se of changin	no its re	Code gistered off agent. I am
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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: James 7. Moonly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 Dayline Priore #