

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H90407** (8)

1. Corporation Name

THOROUGHbred FREIGHT LINES, INC.



Principal Place of Business

Mailing Address

% JAMES MOONEY
7400 N.W. 55TH AVE.
OCALA FL 32675

% JAMES MOONEY
7400 N.W. 55TH AVE.
OCALA FL 32675

3. Date Incorporated or Qualified
12/18/1985

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2521135

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOONEY, JAMES
7400 N.W. 55TH AVE.
OCALA FL 32675

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MOONEY, JAMES**
STREET ADDRESS **7400 NW 55TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☐ DELETE

NAME **MOONEY, JAMES F., JR.**
STREET ADDRESS **7400 NW 55TH AVE.**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ DELETE

NAME **BRUCE, JASON**
STREET ADDRESS **7400 NW 55TH AVE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ DELETE

NAME **BRUCE, LESLIE**
STREET ADDRESS **7400 NW 55TH AVE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ DELETE

NAME **HAGAN, KATHLEEN**
STREET ADDRESS **7400 NW 55TH AVE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **SD** ☐ DELETE

NAME **MOONEY, JEANETTE**
STREET ADDRESS **7400 NW 55TH AVE**
CITY-ST-ZIP **OCALA FL 34482**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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, or on an attachment with an address.

SIGNATURE:

James F. Mooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96
Date

Daytime Phone #

CR2E034 (12/95)