

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J90824

(0)

1. Corporation Name

TORBERT TRUCKING, INC.



Principal Place of Business

**1720 N ANHINGA LANE
48 NORTHEAST 15TH STREET
HOMESTEAD FL 33035
US**

Mailing Address

**1720 N ANHINGA LANE
48 NORTHEAST 15TH STREET
HOMESTEAD FL 33035
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

**HANSON, CARL
48 N.E. 15TH STREET
HOMESTEAD FL 33030**

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 607.07(2) and 607.14(4), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

12. OFFICERS AND DIRECTORS

TITLE	PVD	☐ DELETE
NAME	TORBERT, THOMAS M.	
STREET ADDRESS	1701 N. ANHINGA LANE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SNT	☐ DELETE
NAME	TORBERT, MICHELLE	
STREET ADDRESS	1701 N. ANHINGA LANE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 located on this filing is not on supplemental annual report as 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 registered agent or trustee empowered to execute this report as provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Thomas M. Torbert* - *Thomas M. Torbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

CR2E034 (12/95)