FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K00294 (4)

1. Corporation Name

TRUCKERS ACCOUNTING & PERMITTING SERVICE INC.

Principal Place of Business	Mailing Address
6710 E HILLSBOROUGH AVE SUITE A TAMPA FL 33610	6710 E HILLSBOROUGH AVE SUITE A TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1987

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0011072 [ ] 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

7. This corporation was initially subject to taxation under S. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMCIC, FRED E. 6710 E HILLSBOROUGH AVE SUITE A TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to Section 607.0505, 607.1008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with and hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	[ ] Change [ ] Addition
1 NAME	SIMCIC, FRED E.	1 NAME	
1 STREET ADDRESS	6710 E HILLSBOROUGH AVE	1 STREET ADDRESS	
1 CITY ST ZIP	TAMPA FL	1 CITY ST ZIP	
2 TITLE	SVD	2 TITLE	[ ] Change [ ] Addition
2 NAME	SIMCIC, CHRISTINA H.	2 NAME	
2 STREET ADDRESS	7405 CLEARVIEW DR.	2 STREET ADDRESS	
2 CITY ST ZIP	TAMPA FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	[ ] Change [ ] Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	[ ] Change [ ] Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	[ ] Change [ ] Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	[ ] Change [ ] Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I hereby certify that the information supplied with this 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 1 or Block 12 if changed or added above.

SIGNATURE: Frederick E. Simcic Frederick E. Simcic 5-4-95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date Signed

0294700 CP