## FILE NOW: FILING FEE IS \$61.25

CORPORATION ANNUAL REPORT 1996



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

## DOCUMENT # P12000025740 1. Corporation Name

C. TER	TUS TRUCKING, INC.						
Principal Place of Business Mailing Address							
2625 GREENF ORLANDO FL		2625 GREENFIELD ( ORLANDO FL 3280)					
					Date incorporated or Qualified     10/07/1994	3a. Date of 1	ast Report 3/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21 The same			The sales		59-3033487		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	27		5. Certificate of Status Desired	- I - I	.75 Additional ee Required
City & State	)	City & State	<u> </u>		6. Election Campaign Financing		5. <b>00</b> May Be
23 28					Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 g. Name and Address of Cu	29 30			Florida Statutes		
	g. Hame and Address of Co	nitetit uadisteten wästit	6	1 Name	10. Name and Address of New A	egistered Ageni	·
TENTUA	OL MUDE						
TERTUS, CLAUDE			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable	le)	
2625 GREENFIELD AVE			8	3			
ORLANDO FL 32808							
			8	4 City	_	FL 85	Zip Code
or register	to the provisions of Sections 617.4 ed agent, or both, in the State of th, and accept the obligations of,	Florida. Such change was auth	orized by the cor	named corp rporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	pose of changing pintment as regist	its registered office ered agent. I am
SIGNATURE .						· · · · · · · · · · · · · · · · · · ·	M NA 011 15 19 19 19 1
12.	Signature, typed or printed name of registered agent are title if applicable (NOTE: F  OFFICERS AND DIRECTORS		(NOTE: Registered Ag	gent signature requi	red when reinstating!  ADD-11ONS/CHANGES 10 OF F	DATE LOS DO ANO, DIDE	CLODS IN 13
TITLE	D DELETE		1.3 TITLE	:	MODITIONS/CHAINGES TO OFF	CERS AND DIRE	
NAME	_		1.2 NAM			/	,
STREET ADDRESS	2625 GREENFIELD AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP				
TITLE	F-7		2.1 101.6			Cha	nge Addition
I NAME I			2.2 NAM		/	/ -	,
STREET ADDRESS	· ·		1	ET ADORESS			ĺ
CITY-ST-ZIP	ORLANDO FL 32808			r-ST-ZIP			
TITLE	T	DELETE 31				☐ Cha	nge 🔲 Addition
NAME	TERTUS, RODRIGUE		3 2 NAM	E			
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY	r-ST-ZIP	/		
TITLE			4.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	STERLING, LILIANE	S, LILIANE 4.3		AE	/		
STREET ADDRESS	· ·		4.3 STRE	ET ADDRESS	/		
CITY - ST - ZIP			4.4 CITY	-ST-ZIP			
THILE			5 1 TITLE			Cha	nge 🔲 Addition
NAME	PERARD, RUTH		5.2 NAM	E	/		
STREET ADDRESS	5430 NW 173 DR.		5 3 STRE	ET ADDRESS	/		
CITY-ST-ZIP	CAROL CITY FL 33055		5 4 CITY	- ST - Z)P	/		
TITLE		DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition
1				.	/		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

**FILED** 

Mar 22, 1996 08:00 AM

**Secretary of State** 

407-298-7291 Daylima Phone #