

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 # P40467

(3)

1. Corporation Name

DMR TRUCKING, INC.

Principal Place of Business

157 6TH AVE NE
ST PETERSBURG FL 33701
US

Mailing Address

157 6TH AVE NE
ST PETERSBURG FL 33701
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, RUBY B.
157 SIXTH AVE. N.E.
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

02/24/1995

4. FEI Number

62-1444790

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 of signature

(NOTE: Registered Agent signature is required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CP

☐ DELETE

NAME

WILLIAMS RUBY B.

STREET ADDRESS

157 SIXTH AVE. N.E.

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

VC

☒ DELETE

NAME

SIMMONS, NOBEL J. JR.

STREET ADDRESS

54 SHALLOWFORD RD.

CITY-ST-ZIP

CHATTANOOGA TN

TITLE

VPD

☐ DELETE

NAME

SIMMONS, NOBEL J. III

STREET ADDRESS

157 SIXTH AVE. N.E.

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

ST

☐ DELETE

NAME

WILLIAMS, RUBY B.

STREET ADDRESS

157 SIXTH AVE. N.E.

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

VC

☐ DELETE

NAME

Simmons William G.

STREET ADDRESS

50 Shallowford Rd POB 3193

CITY-ST-ZIP

Chattanooga TN 37404-0193

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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:

Ruby B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/96

813-822-1602
Date Daytime Phone

CR2E034 (12/95)