

**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
Secretary of State**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 25 PM 12:23

DOCUMENT # P93000008174 (3)

1. Corporation Name

LEASE-CON INTRASTATE TRUCKING CORP.

Principal Place of Business

C/O MICHAEL HUMMEL
1209 EAST LANDSTREET ROAD
ORLANDO FL 32824

Mailing Address

C/O MICHAEL HUMMEL
1209 EAST LANDSTREET ROAD
ORLANDO FL 32824
PO BOX 593059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

06/03/1994

4. FEI Number

59-3177237

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**HUMMEL, MICHAEL
1209 EAST LANDSTREET ROAD
ORLANDO FL 32824**

207 W Taft Vineland Rd.

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUMMEL, MICHAEL
STREET ADDRESS 1209 EAST LANDSTREET RD.
CITY - ST - ZIP ORLANDO FL 32824

TITLE VD
NAME FISCHGRUND, WILLIAM
STREET ADDRESS 1209 EAST LANDSTREET RD.
CITY - ST - ZIP ORLANDO FL 32824

TITLE SD
NAME RESTO, DIANA
STREET ADDRESS 1209 EAST LANDSTREET RD.
CITY - ST - ZIP ORLANDO FL 32824

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 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: MICHAEL HUMMEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hummel

5/20/95 (407) 240-1377