

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:10

DOCUMENT # P93000017685 (7)

1. Corporation Name

GYPSY TRUCKING, INC.

Principal Place of Business

**111 SW 2 ST
HOMESTEAD FL 33030**

Mailing Address

**111 SW 2 ST
HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0405391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TICE, JAMES E
111 SW 2 ST
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 607.0502 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 must be printed name of registered agent and must be dated)

(Date) (Registered Agent signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	PATTERSON, TONY M
STREET ADDRESS	441 SW 2 ST
CITY, ST, ZIP	HOMESTEAD FL
TITLE	P
NAME	PATTERSON, SHARON M
STREET ADDRESS	111 SW 2 ST
CITY, ST, ZIP	HOMESTEAD FL
TITLE	T
NAME	VANDEFORD, RHONDA M
STREET ADDRESS	111 SW 2 ST
CITY, ST, ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	3900 NW 39TH EXPRESSWAY
14 CITY, ST, ZIP	OKLAHOMA CITY, OKLA
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	3900 NW 39TH EXPRESSWAY
24 CITY, ST, ZIP	OKLAHOMA CITY, OKLA
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 199.03(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon R. Patterson Sharon R. Patterson
President

2/26/95

305-247-3700