

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Jeffrey B. Meyman  
Secretary of State  
1995

MAY 1 AM 3:07

**DOCUMENT # P93000033529 (7)**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**C.B. & M. TRUCKING, INC.**

Principal Office (City, State, Zip)      Mailing Address  
**803-32ND AVE  
WEST PALM BEACH FL 33407**      **803-32ND AVE  
WEST PALM BEACH FL 33407**

2. Previous Fiscal Year (Fiscal Year)		2a. Mailing Address		3. Date the Corporation Was Created	3a. Date of Last Report
21. <b>803 32ND Street</b>		26. <b>803 32ND Street</b>		<b>05/07/1993</b>	<b>04/27/1994</b>
22. State Abb. # of		27. State Abb. # of		4. FFL Number	Applied For
23. <b>West Palm Beach FL</b>		27. <b>West Palm Beach FL</b>		<b>65-0426702</b>	Not Applicable
24. <b>33407</b>	25. <b>33407</b>	29. <b>33407</b>	30. <b>33407</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				6. Election to Carry Over Financial Year End and Incorporation	
GRAHAM, MABEL 803-32ND AVE WEST PALM BEACH FL 33407				<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. The corporation has liability for state income tax under S-1991 CFP Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRAHAM, MABEL 803-32ND AVE WEST PALM BEACH FL 33407				81. Name	<b>Graham Mabel</b>
				82. Street Address (P.O. Box Number or Post Office)	<b>803 32ND Street</b>
				83. City	
				84. State	<b>FL</b>
				85. Zip	<b>33407</b>

11. I, the undersigned, do hereby certify that the above named corporation complies the statement for the purpose of changing its registered office or registered agent in part of the state of Florida. I am authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am a resident of the state of Florida.

SIGNATURE: *Mabel Graham*

12. CURRENT REGISTERED AGENT		13. ALTERNATE REGISTERED AGENT	
1. NAME	<b>P GRAHAM, MABEL</b>	1. NAME	<b>P Graham Mabel</b>
2. STREET ADDRESS	<b>803-32ND AVE</b>	2. STREET ADDRESS	<b>803 32ND Street</b>
3. CITY	<b>WEST PALM BEACH FL 33407</b>	3. CITY	<b>West Palm Beach FL 33407</b>
4. STATE		4. STATE	
5. ZIP		5. ZIP	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY		8. CITY	
9. STATE		9. STATE	
10. ZIP		10. ZIP	
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY		13. CITY	
14. STATE		14. STATE	
15. ZIP		15. ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	
19. STATE		19. STATE	
20. ZIP		20. ZIP	

14. I, the undersigned, do hereby certify that the information supplied with this filing is accurate, complete and correct and that the corporation complies the statement for the purpose of changing its registered office or registered agent in part of the state of Florida. I am authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am a resident of the state of Florida.

SIGNATURE: *Mabel Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-10-95