

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070501 (0)

1. Corporation Name

COWBOY TRUCKING SERVICES, INC.

Principal Place of Business

**5395 L.B. MCLEOD RD
ORLANDO FL 32811**

Mailing Address

**PO BOX 616300
ORLANDO FL 32861-6300
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3208154

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. 189.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**FULMER, BARBARA B
5395 L.B. MCLEOD RD
ORLANDO FL 32811**

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FULMER, BARBARA B
STREET ADDRESS	8971 CHARLESTON PK
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D
NAME	TURNER, CYNTHIA F
STREET ADDRESS	137 HARTINGTON DR
CITY - ST - ZIP	MADISON AL 35758
TITLE	D
NAME	FULMER, PHILIP R
STREET ADDRESS	1010 PALADIN CT
CITY - ST - ZIP	ORLANDO FL 32808
TITLE	D
NAME	FULMER, CARROLL A
STREET ADDRESS	1065 DOSS AVE
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	D
NAME	FULMER, TIMOTHY A
STREET ADDRESS	9239 WOODBREEZE BLVD.
CITY - ST - ZIP	WINDERMERE FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Executive Vice President	☒ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	Vice President	☒ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	President	☒ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE	Secretary	☒ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE	Vice President	☒ 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: *Barbara B Fulmer*
BARBARA B. FULMER, EXECUTIVE VICE PRESIDENT

4/21/95 (407) 299-0900