

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

RECORDATION
OFFICE OF THE PROJECT
1995



FLORIDA FRANCHISE STATE
CORPORATE REPORT
CORPORATE REPORT
OFFICE OF THE PROJECT

APPROVED
AND
FILED

DOCUMENT # **P93000070981 (4)**

95 MAY 10 11:10:35

TRI-COUNTY TRANSPORT & EQUIPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Filing jurisdiction (State or Foreign)		2a. Mailing Address		3. Date of report (month/year)	3a. Date of last report
3320 NORTH 65TH AVENUE HOLLYWOOD FL 33024		3320 NORTH 65TH AVENUE HOLLYWOOD FL 33024		10/13/1993	07/29/1994
21. Filing jurisdiction (State or Foreign)	26. Mailing Address	4. FEE Number	Applied For		
21	26	65-0442752	Not Applicable		
22. Filing jurisdiction (State or Foreign)	27. State and # of	5. Certificate of Status (Desired)	☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees		
22	27				
23. Filing jurisdiction (State or Foreign)	28. City & State	6. Election Campaign Financing Trust Fund Contribution	☒ Yes ☐ No		
23	28				
24. Filing jurisdiction (State or Foreign)	25. Country	29. State	30. City	8. This corporation has liability for franchise tax under the Florida Statutes.	
24	25	29	30	☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HORTA, JESUS 3320 NORTH 65TH AVENUE HOLLYWOOD FL 33024		81. Name 82. Street Address (P.O. Box Number or Post Office) 83. 84. City	
		FL 85. Zip Code	

11. I, the undersigned, being a duly qualified officer or director of the corporation named herein, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same was prepared and signed by me or by the person authorized to prepare and sign the same, and that the same was filed in the office of the Secretary of State of the State of Florida, and that the same was filed in the office of the Secretary of State of the State of Florida, and that the same was filed in the office of the Secretary of State of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. NAME 7. ADDRESS 8. CITY 9. STATE 10. ZIP CODE 11. NAME 12. ADDRESS 13. CITY 14. STATE 15. ZIP CODE 16. NAME 17. ADDRESS 18. CITY 19. STATE 20. ZIP CODE		1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. NAME 7. ADDRESS 8. CITY 9. STATE 10. ZIP CODE 11. NAME 12. ADDRESS 13. CITY 14. STATE 15. ZIP CODE 16. NAME 17. ADDRESS 18. CITY 19. STATE 20. ZIP CODE	

14. I, the undersigned, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same was prepared and signed by me or by the person authorized to prepare and sign the same, and that the same was filed in the office of the Secretary of State of the State of Florida, and that the same was filed in the office of the Secretary of State of the State of Florida, and that the same was filed in the office of the Secretary of State of the State of Florida.

SIGNATURE: *[Signature]* Jesus Horta 5-3-95 966 1904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR