

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laura R. Murray
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000090029 (7)

95 MAY -1 AM 11:01

TAMPA TRUCK LINES, INC.

1. Principal Office Address 1900 SOUTH 20TH STREET TAMPA FL 33605-6622		2a. Mailing Address 1900 SOUTH 20TH STREET TAMPA FL 33605-6622	
2. Principal Office Telephone 21		2a. Mailing Address Telephone 26	
22. State App. # 1st		27. State App. # 2nd	
23. City & State		28. City & State	
24. 1st. Principal		29. 2nd. Principal	
25. 3rd. Principal		30. 4th. Principal	
3. Date Incorporation or Reincorporation 12/13/1994		3a. Date of Last Report	
4. FTT Number 59-3282670		Applied For ☐ Not Applicable	
5. Certificate of Status Expired		☐ \$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. 194.012, Florida Statutes		☐ Yes ☒ No	
9. Name and Address of Current Registered Agent GRACE, RICHARD M 1701 MARITIME BLVD. TAMPA FL 33605-6659		10. Name and Address of New Registered Agent	
81. Name		85. Zip Code FL	
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City			

11. Pursuant to the provisions of Sections 217.04, and 217.0406, 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 responsibility for the Florida Statutes.

SIGNATURE: _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the non-reporting status under F.D. 194.012, Florida Statutes. I further certify that the information is being reported in good faith and 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 person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 1 of the filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur R. Savage 5/1/95 (813) 247-4550