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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000015492 (8)

DOCUMENT #

TOT LOGISTICS, INC.



iui Ludistius, inu.		
Principal Place of Business	Mailing Address	
100 E. MAIN STREET LAKELAND FL 33801	Post office Box 24628 Lakeland Fl 33802	

2.   Principal Flace of Business   2.   Mering Address   2.   Ret.   10   Box   319						<ol> <li>Date Incorporated or Qualified 02/23/1995</li> </ol>	3a. Date of Las	t Report
Sulte, April   10   Box 319   28   Rt   10   Box 319   38   Rt   10   Box 319   8   Rt   10   Box 319   Rt   10   Box 3	2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	<u>-L</u>	Applied For
Suite, April, etc.   Suite   Suite, April, etc.   Suite   Su	21 R+ 10 Box 319		hennis		59-3306356		Not Applicable	
Copy   State   Copy   FL   32025   20   Lake   City   FL   32025   20   Lake   City   FL   32025   30   Coumby   20   20   Lake   City   FL   32025   30   Coumby   20   20   Coumby   20   20   20   20   20   20   20   2		#, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 A		-				
23   20   25   26   Columbia   26   32025   30   Columbia   Colu	City & State	City, FL 32025	L	, FL	32025			
10   Name and Address of Current Registered Agent		······································	h1 `		•	Florida Statutes 🔲 Yes	. □ No	rs 199.032,
JOHNSON, DENNIS P		9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
11. Persuant to the provisions of Sections 607 C602 and 607 1508. Firefa Statutes, the above named corporation submits this statement for the purpose of changing this registered office or registered agent, or both, in the State of Florida. Such change was submitsed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, end accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    System typed or picture are drived by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, end accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   System typed or picture are drived by the proposed agent agent are resumed when the statute   DATE	JOHNSON, DENNIS P 100 EAST MAIN STREET			N. TERRY DICKS  Street Address (P.O. Box Number is Not Acceptable) RT 10, BOX 319				
11. Persuant to the provisions of Sections 607 C602 and 607 1508. Firefa Statutes, the above named corporation submits this statement for the purpose of changing this registered office or registered agent, or both, in the State of Florida. Such change was submitsed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, end accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    System typed or picture are drived by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, end accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   System typed or picture are drived by the proposed agent agent are resumed when the statute   DATE					B4 City I	AKE CITY.	FL 85	Zip Code 3 2 0 2 5
12.	or registere	ed agent, or both, in the State of Florida	a. Such change was authorize	s, the above d by the c	e named come	oration submits this statement for the out	rpose of changing cointment as registe	its registered office
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  JOHNSON, DENNIS P 100 E. MAIN STREET  LAKELAND FL 33801  12. NAME STREET ADDRESS CITY-SI-2P  TITLE  MAKELAND FL 33801  DELETE  1.1 THE 1.2 NAME 1.3 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  2.1 THE 2.2 SMAKE 2.2 SMAKE 2.2 SMAKE 2.3 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  3.1 THE 3.2 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  3.3 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  3.3 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  3.4 CITY-SI-2P  TITLE  DELETE  3.5 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  3.5 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  3.5 STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  DELETE  STREET ADDRESS CITY-SI-2P  TITLE  DELETE  DELETE  STREET ADDRESS	SIGNATURE	Singature, typed or printed name of registered arent a	and trile if applicable. (NOT	E: Registered	Agent signature requi	red when reinstating)	DATE	
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SIREET ADDRESS   LAKELAND FL 33801	NAME			1.2 NA				
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NAME			DELETE				Char	ige 🔼 Addition
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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 logal effect as if made under oath; that I am an officer or director of the exporation 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

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/30/96

(904) 150-109

CR2E034 (12/9