

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S63858**

(2)

1. Corporation Name  
**JOSEPH TRANSPORTATION, INC.**



Principal Place of Business

~~107 JULIE LANE~~  
~~BRANDON FL 33511~~  
~~US~~

Mailing Address

P. O. BOX 2408  
BRANDON FL 33509  
US

3. Date Incorporated or Qualified  
**06/28/1991**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **703 BOWSPRIT PL.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Palm Harbor Fl.**

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 **34685**

25

**US**

29

30

4. FEI Number  
**59-2822653**

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. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRECKER, WILLIAM H.  
512 EAST KENNEDY BLVD.  
TAMPA FL 33602**

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 must be witnessed by a notary public)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD  
JOSEPH, GEORGE L.**  
STREET ADDRESS **P O BOX 2408 N/A**  
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME **PD  
JOSEPH, PATRICIA G.**  
STREET ADDRESS **P. O. BOX 2408 N/A**  
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME **TD  
JOSEPH, GEORGE D.**  
STREET ADDRESS **703 BOWSPRIT PLACE**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: **PAT Joseph**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/96**

Daytime Phone

CR2E034 (12/95)