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 # **V06517** **(9)**

1. Corporation Name

FREIGHT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2700 S KANNER HWY STUART FL 34994 US	2700 S KANNER HWY STUART FL 34994 US

3. Date Incorporated or Qualified: **01/13/1992**

3a. Date of Last Report: **02/23/1995**

4. FEI Number: **65-0312131** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MONSON, CRAIG A.
1825 NW BRIGHT RIVER POINT
STUART FL 34994

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	CEO & DIRECTOR	☒ Change ☐ Addition
NAME	MONSON, MICHAEL C		12 NAME		
STREET ADDRESS	1752 S.W. CRANE CIRCLE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE	VICE PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	MONSON, CRAIG A		22 NAME		
STREET ADDRESS	1825 NW BRIGHT RIVER POINT		23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MONSON, NANCY L		32 NAME		
STREET ADDRESS	1825 NW BRIGHT RIVER PT		33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	NAIRN, JAMES F.		42 NAME		
STREET ADDRESS	2409 N. E. GINGER TERRACE		43 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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 added by an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)