

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2700 S. KANNER HIGHWAY  
STUART FL 34994  
US

Mailing Address

2700 S. KANNER HIGHWAY  
STUART FL 34994-4815  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

04/02/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
MONSON, MICHAEL C  
1752 S.W. CRANE CIRCLE  
PALM CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MONSON, CRAIG A  
1825 NW BRIGHT RIVER POINT  
STUART FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MONSON, NANCY L  
1825 NW BRIGHT RIVER PT  
STUART FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NAIRN, JAMES F  
2409 N.E. GINGER TERRACE  
JENSEN BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GERALD MC DONNELL  
1233 Fox Glen Drive  
St. Charles, IL 60174

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANU JOGANI  
36W 636 Lancaster Road  
St. Charles, IL 60175

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
400002217244-5  
-06/19/97--01067--027  
\*\*\*\*\*558.75 \*\*\*\*\*558.75

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DIRECTOR

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
DIRECTOR

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
DIRECTOR

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE

6/18/97 (561) 288-1400

CR2E034 (9/96)