

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 MAY -1 PM 2:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V13927 (1)**  
1. Corporation Name  
**FLORIDA BROTHERS TRUCKING CORPORATION**

Principal Place of Business  
**P.O. BOX 616300  
ORLANDO FL 32861-6300**

Mailing Address  
**P.O. BOX 616300  
ORLANDO FL 32861-6300**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/13/1992**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0311754**

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

30 Country

**9. Name and Address of Current Registered Agent**

**FULMER, BARBARA B  
5395 L.B. MCLEOD ROAD  
ORLANDO FL 32811**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 resigning

DATE

**12. OFFICERS AND DIRECTORS**

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>D</b>                     |
| NAME            | <b>FULMER, BARBARA B.</b>    |
| STREET ADDRESS  | <b>5395 L.B. MCLEOD ROAD</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>            |
| TITLE           | <b>D</b>                     |
| NAME            | <b>TURNER, CYNTHIA F</b>     |
| STREET ADDRESS  | <b>5395 L.B. MCLEOD ROAD</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>            |
| TITLE           | <b>D</b>                     |
| NAME            | <b>FULMER, PHILIP</b>        |
| STREET ADDRESS  | <b>5395 L.B. MCLEOD ROAD</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>            |
| TITLE           | <b>D</b>                     |
| NAME            | <b>FULMER, CARROLL A.</b>    |
| STREET ADDRESS  | <b>5395 L.B. MCLEOD ROAD</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>            |
| TITLE           | <b>D</b>                     |
| NAME            | <b>FULMER, TIMOTHY A.</b>    |
| STREET ADDRESS  | <b>5395 L.B. MCLEOD ROAD</b> |
| CITY - ST - ZIP | <b>ORLANDO FL</b>            |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <b>President</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                       |                                                                              |
| 13 STREET ADDRESS  |                       |                                                                              |
| 14 CITY - ST - ZIP | <b>32811</b>          |                                                                              |
| 21 TITLE           | <b>Treasurer</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                       |                                                                              |
| 23 STREET ADDRESS  |                       |                                                                              |
| 24 CITY - ST - ZIP | <b>32811</b>          |                                                                              |
| 31 TITLE           | <b>Secretary</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                       |                                                                              |
| 33 STREET ADDRESS  |                       |                                                                              |
| 34 CITY - ST - ZIP | <b>32811</b>          |                                                                              |
| 41 TITLE           | <b>Vice President</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                       |                                                                              |
| 43 STREET ADDRESS  |                       |                                                                              |
| 44 CITY - ST - ZIP | <b>32811</b>          |                                                                              |
| 51 TITLE           | <b>Vice President</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                       |                                                                              |
| 53 STREET ADDRESS  |                       |                                                                              |
| 54 CITY - ST - ZIP | <b>32811</b>          |                                                                              |
| 61 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                       |                                                                              |
| 63 STREET ADDRESS  |                       |                                                                              |
| 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)(b), 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:** *Barbara B. Fulmer*  
**BARBARA B. FULMER, PRESIDENT**

**4/21/95 (407) 299-0900**