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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 31 1997 8:00am

Secretary of State

Date

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # V13927

(1)

## FLORIDA BROTHERS TRUCKING CORPORATION

Principal Place 8340 AMERICA GROVELAND F US	N WAY	Mailing Address P.O. BOX 625 GROVELAND FL 34736-0625 US			
				3. Date Incorporated or Qualified 02/13/1992	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0311754	Applied For Not Applicab
Suite Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>   Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30	Florida Statutes	Yes No
EI II	<ol> <li>Name and Address of Curre</li> <li>MER, BARBARA B</li> </ol>	nt Registered Agent	81 Name /	10. Name and Address of New R	egistered Agent
	5 L.B. MCLEOD			ULMER PHIL	-(P P
	ANDO FL 32811		82 Street Add	ress (P.O. Box Number is Not Accepta	AKE ROAD
			83		
		•	84 City	COUFLAND	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 697 05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the	
office or i agent. La	registered agent or both, in the State am familiar with, and except he oblig	e of Florida, Such change was a gations of, Section 607,0505, Flo	uthorized by the corporal rida Statutes.	poration submits this statement for the tion's board of directors. I hereby acceptance	ept the appointment as registered
SIGNATURE	Kul	<u>,</u>		3/2	16797
			Registered Agent signature requi		DATE DEPOSITORS IN 10
12. 1016	OFFIGERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	FULMER, BARBARA B.	<del></del>	1.2 NAME		
STREET ADDRESS	8971 CHARLESTON PARK		1.3 STREET ADDRESS		
CITY: ST: 70°	ORLANDO FL		14 CtTY-ST-ZIP		
TITLE	T COLUED COMPANY	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TURNER, CYNTHIA F		22 NAME		
STREET ADDRESS	137 HARTINGTON DRIVE MADISON FL		2.3 STREET ADDRESS		
CITY -ST-7IP	S	☐ DELETE	2. 4 CfTY-ST-ZIP		☐ Change ☐ Additio
NAME	FULMER, PHILIP	f" DEFEIE	3.1 TITLE 3.2 NAME		Cuarde Ci voquir
STREET ADORESS	8000 CHERRY LAKE ROAD		3.3 STREET ADDRESS		
CITY-ST ZIP	GROVELAND FL		3.4. CITY-ST-ZIP		
IITLE	VP	DELETE	4.1 TITLE		Change Addition
HAME	FULMER, CARROLL A.		4. 2 NAME		•
SEREET ADDRESS	14726 GORD NECK DRIVE		4.3 STREET ADDRESS		
CITY S1-7/P	MONTEVERDE FL		4.4 CITY - ST - ZIP		
1 <b>1/</b> LE	VP	☐ DELETE	5.1 TITLE		Change Addition
NAME	FULMER, TIMOTHY A. 9239 WOODBREEZE BLVD		5.2 NAME		
STREET ADDRESS	WINDERMERE FL		5.3 STREET ADDRESS		
CITY - S* - ZIP TITLE	THIOLIMENE FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	**************************************	Change Additio
NAME	1	LJ OLLLIL	6.2 NAME		El Autube El Manuel
STREET ADDRESS			6.3 STREET ADDRESS		
City -St - ZiP			64 CITY-ST-ZIP		
14. I do here	try certify that the information supplied	ed with this filing does not qualif	y for the exemption states	d in Section 119.07(3)(i), Florida Statut	es. I further certify that the
l am an c	on indicated on this annual report or afficer or director of the corporation t in Block 12 or Block 13 if changed,	or the receiver or trustee empoye	ered to execute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as if made under oath, the Statutes; and that my name