

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **V13927** (1)

1. Corporation Name
FLORIDA BROTHERS TRUCKING CORPORATION

Principal Place of Business

**8340 AMERICAN WAY
GROVELAND FL 34736
US**

Mailing Address

**P.O. BOX 625
GROVELAND FL 34736
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1992

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 **30**

9. Name and Address of Current Registered Agent

**FULMER PHILIP R
8000 CHERRYLAKE ROAD
GROVELAND FL 34736**

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 **P** ☐ DELETE
NAME **FULMER, BARBARA B.**
STREET ADDRESS **8971 CHARLESTON PARK**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE
NAME **TURNER, CYNTHIA F**
STREET ADDRESS **137 HARTINGTON DRIVE**
CITY-ST-ZIP **MADISON FL**

TITLE **S** ☐ DELETE
NAME **FULMER, PHILIP**
STREET ADDRESS **8000 CHERRY LAKE ROAD**
CITY-ST-ZIP **GROVELAND FL**

TITLE **VP** ☐ DELETE
NAME **FULMER, CARROLL A.**
STREET ADDRESS **14726 GORD NECK DRIVE**
CITY-ST-ZIP **MONTEVERDE FL**

TITLE **VP** ☐ DELETE
NAME **FULMER, TIMOTHY A.**
STREET ADDRESS **9239 WOODBREEZE BLVD**
CITY-ST-ZIP **WINDERMERE FL**

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

352 429-5000

Date Daytime Phone # **0485669**

CR2E034 (10/97)