

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

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DOCUMENT # V13927

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

FULNER 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

P  
1.2 NAME FULMER, BARBARA B.  
1.3 STREET ADDRESS 11050 Autumn Lane  
1.4 CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ DELETE

T  
NAME TURNER, CYNTHIA F.  
STREET ADDRESS 137 HARTINGTON DRIVE  
CITY-ST-ZIP MADISON FL

2.1 TITLE ☒ Change ☐ Addition

T  
2.2 NAME TURNER, CYNTHIA F.  
2.3 STREET ADDRESS 12928 Lookingbill Lane  
2.4 CITY-ST-ZIP Athens, AL 35611

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)