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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(9)

T A COULD TRUCKING INC

Principal Place	e of Business						
Principal Place of Business Mailing Address 711 ROYAL PALM PLACE 711 ROYAL PALM VERO BEACH FL 32980 VERO BEACH FL				1 1901/ 91/001 1/01/0 (9/07) (1/01/ 9/	eun 1411 Albit E(BI) 010	(T DIOEL DIDEL BIDEL (8)	
2 Principal P	lace of Business				3. Date Incorporated or Qualified 03/05/1992	3a. Date of Las	st Report 7/1995
21		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0322519		Not Applicable
City & State	Δ	27			5. Certificate of Status Desired		75 Additional se Required
23	v	City & State			6. Election Campaign Financing	\$5	.00 May Be
Zıp	Country	Zip	Cour	ntrv	Trust Fund Contribution	LJ Ad	lded to Fees
24	25	29	30	~·· <i>y</i>	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under	rs 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re		
00111	D 71101110 1		Ţi	81 Name		g.o.o.ou Agent	
711 0	D, THOMAS A. Oyal Palm Place		<u> </u>	32 Street A	ddress (P.O. Box Number is Not Acceptable	2)	
VERO	BEACH FL 32960		ļ,	1	- Total Acceptable	9)	
YENO	DENOTIFE 32900],	33			
			Ťŧ	34 City		85	Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida State	utes the above	named som	poration submits this statement for the purp		
or registere familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was author	rized by the co	rporation's b	poration submits this statement for the purp oard of directors. I hereby accept the appoi	ose of changing it	s registered office
SIGNATURE			es.			The state of the s	ou agent. Fam
	Discoult and a second a second and a second						
	Signature, typed or printed name of registered ago:	nt and found applicable. (f	NOTE: Registered A	cont signature reco	wind when reinstation		
12.		nt and fount applicable. (f ND DIRECTORS	NOTE: Registered A	gent signature requ	when reinstating!	DATE.	TODO DI 40
12.	OFFICERS AN				ultico when reinstating! ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
12. TITLE NAME	OFFICERS AN P GOULD, THOMAS A	ND DIRECTORS	13.	F			
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certing 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 appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 30-96 407-517-2178
Date Dayting Phone #