

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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APPROVED
 AND
 FILED
 MAY -1 11 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V65267 (9)

F. AND F. TRUCKING, INC.

Principal Place of Business	Mailing Address
3056 BLAINE CIRCLE DELTONA FL 32738	3056 BLAINE CIRCLE DELTONA FL 32738

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
09/17/1992	08/17/1994
4. FEI Number	Applied For
59-3148944	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISCUS, MARION 3056 BLAINE CIR. DELTONA FL 32738		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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PS	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	FISCUS, MARION	1.2 NAME	
1.3 STREET ADDRESS	3056 BLAINE CIR	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	DELTONA FL	1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	☐ Change ☐ Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is completely furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Marion I. Fiscus*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARION I FISCUS

4-27-95 904-789-5937

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda B. Neuman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65859

(3)

1. Incorporation Number

L. B. VINCENT CORPORATION

APR 20 1996
TALLAHASSEE, FLORIDA

Principal Place of Business

**2035 BLUFF OAK STREET
APOPKA FL 32712**

Mailing Address

**2035 BLUFF OAK STREET
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
09/21/1992

3a. Date of Last Report
06/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-3149448

Applied For
☐ Not Applicable

Subs. Apt. # etc.

22

Subs. Apt. # etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Country

24

25. Country

25

29. Country

29

30. Country

30

8. This corporation has liability for enterprise tax under 5-199.032,
Florida Statute ☐ or ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VINCENT, LESTER BILL JR.
2035 BLUFF OAK STREET
APOPKA FL 32712**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly accepted the appointment of the undersigned as registered agent for the corporation, and that the corporation has duly accepted the appointment of the undersigned as registered agent for the corporation, and that the corporation has duly accepted the appointment of the undersigned as registered agent for the corporation.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY & STATE
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY & STATE
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY & STATE
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY & STATE
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY & STATE
20. TITLE

**DP
VINCENT, LESTER BILL JR.
2035 BLUFF OAK STREET
APOPKA FL
VPST
VINCENT, JOANNIE G.
2035 BLUFF OAK ST.
APOPKA, FL**

1. NAME
2. STREET ADDRESS
3. CITY & STATE
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY & STATE
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY & STATE
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY & STATE
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY & STATE
20. TITLE

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.04(1)(b), Florida Statutes. I further certify that the information included 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 of this filing or on an attachment with an address.

SIGNATURE:

Lester Bill Jr. Vincent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

407-889-4512
Telephone Number