

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P24507** (6)  
1. Corporation Name  
**HANNA TRUCK LINE, INC**



Principal Place of Business Mailing Address  
**3800 COMMERCE AVE.  
P.O. BOX 192  
FAIRFIELD AL 35064**

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

3. Date Incorporated or Qualified **05/25/1989** 3a. Date of Last Report **04/17/1995**  
4. FEI Number **63-0599971** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JOHNNY ELTZ  
4032 WEST 23RD STREET  
PANAMA CITY FL 32405**

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 officer 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 \_\_\_\_\_ IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of State this \_\_\_\_\_ day of \_\_\_\_\_, 1996.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HANNA, PETE M</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, LOUIS E.</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACK, ROGER D</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANNA, PETE M. (CEO)</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANDON, JAMES W. JR</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOPER, SHIRLEY T</b>	
STREET ADDRESS	<b>3800 COMMERCE AVE</b>	
CITY-ST-ZIP	<b>FAIRFIELD AL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>COOPER, SHIRLEY T.</b>	
13 STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
14 CITY-ST-ZIP	<b>FAIRFIELD, AL 35064</b>	
21 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>PUTMAN, JONATHAN C.</b>	
23 STREET ADDRESS	<b>3800 COMMERCE AVE.</b>	
24 CITY-ST-ZIP	<b>FAIRFIELD, AL 35064</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J.W. Brandon, Jr.* **J.W. BRANDON, JR.** 4/04/96 205/783-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)