

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V21544 (4)**
1. Corporation Name
EAGLE STAR TRUCK LINE, INC.

Principal Place of Business: R.R. 3, BOX 228, CHIEFLAND FL 32626
Mailing Address: R.R. 3, BOX 228, CHIEFLAND FL 32626

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6250 NW 153 LANE	2a	6250 NW 153 LANE	03/13/1992	04/26/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
FL 32626		FL 32626		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELLS, MAUREEN FLORENCE 5420 TAYLOR ST. HOLLYWOOD FL 33021				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				6250 N.W. 153 LANE			
				84	City	FL	85
CHIEFLAND			32626				

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: Maureen Florence President DATE: 4.20.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, MAUREEN FLORENCE	1.2 NAME	
STREET ADDRESS	5420 TAYLOR ST.	1.3 STREET ADDRESS	6250 N.W. 153 LANE
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	CHIEFLAND, FL 32626
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, MAUREEN FLORENCE	2.2 NAME	
STREET ADDRESS	5420 TAYLOR ST.	2.3 STREET ADDRESS	6250 N.W. 153 LANE
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	CHIEFLAND FL 32626
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ERIC W.	3.2 NAME	
STREET ADDRESS	FT 3 BOX 228	3.3 STREET ADDRESS	6250 N.W. 153 LANE
CITY - ST - ZIP	CHIEFLAND FL	3.4 CITY - ST - ZIP	CHIEFLAND FL 32626
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: M.F. Wells M.F. Wells DATE: 4.20.95