| | PROFIT RPORATION UAL REPORT 1996 | | Secret | ARTMENT Of Both ARTMENT Of Both ARTMENT OF State CORPORATION | | | | | |
|--|---|---|---|--|---|---|--|---|--|
| DOCU 1. Corporatio | MENT # V21 | 544 | (4) | | | | | | |
| EAGL | E STAR TRUCK LINE, IN | NC. | | | | | (i) Bidii Bial araw | 2/2/4 244 00 2 | |
| Principal Place | e of Business | M | lating Address | | | | | | |
| 6250 NW 1 CHIEFLND US | | | 6250 NW 153 LANE CHIEFLIND FL 32626 US | | | 0.504 | | | |
| Principal P | lace of Business | r | | | | 3. Date Incorporated or Quali 03/13/1992 | | te of Last I 04/24/1 | |
| | ace of business | 2a. 26 | , Mailing Address | | | 4. FET Number 65-0317631 | | | Applied For Not Applicab |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc | | | 5. Certificate of Status Desire | a 🗆 | | 5 Additional |
| City & State | e | 28 | Crty & State | ······································ | | Election Campaign Financia Trust Fund Contribution | | \$5.0 | Required May Be |
| Zιρ | Country 25 | 29 | Zip | Country 30 | | 8. This corporation has liability | for intangible t | | ed to Fees 199.032, |
| | g. Name and Address of Cu | rrent Regis | tered Agent | 81 | Name | 10. Name and Address of N | w Registered | Agent | |
| WELLS | , MAUREEN FLORENCE | | | 82 | | (DO B- N | · | | |
| 2650 N | W 153 LANE | | | L1 | Street Addr | ress (P.O. Box Number is Not Acce | iptable) | | |
| CHIEFL | ND FL 32626 | | | 83 | | | | | |
| | | | | 84 | City | | F-1 | 85 Z | ip Code |
| 1 Disease | | | | [] | | | ⊢ | | |
| or register | o the provisions of Sections 607.0 ed agent, or both, in the State of F | 0502 and 60 Jorida, Such | 7,1508 Florida Statute change was authorize | s, the above node by the comp | | ration submits this statement for the | FL purpose of ch | anging its | registered off |
| familiar wit | to the provisions of Sections 607.0 ed agent, or boltn, in the State of Fith, and accept the obligations of, S | 0502 and 60 Torida. Such Section 607. | 7.1508 Florida Stalute i change was authorize 0505, Florida Statutes. | s, the above noise by the corpo | | ration submits this statement for the cd of directors. I hereby accept the | | anging its s registered | registered off d agent. I am |
| familiar wit | th, and accept the obligations of, S Signature by ed or printed name of regeneral | Section 607. | 0505, Florida Statutes. গুরুষকার গুরুষ | t Begsveet Age t | amed corpor oration's boar | d was medara. | purpose of ch appointment as DATE | s registered | d agent. I am |
| familiar wit | th, and accept the obligations of, S Signature by ed or printed name of regeneral | Section 607. | 0505, Florida Statutes. গুরুষকার গুরুষ | t BejsseetAge t | amed corpor oration's boar | or or orectors. Thereby accept the | purpose of chappointnient as EIATE OFFICERS ANI | s registered | DRS IN 12 |
| familiar wit | th, and accept the obligations of, S Signature, based or puriled name of registered. OFFICERS DPS WELLS, MAUREEN FLOR | Section 607. | 0505, Florida Statutes. ของกลับ เหอี TORS | t Begsveet Age t | amed corpor oration's boar | d was medara. | purpose of chappointnient as EIATE OFFICERS ANI | s registered | DRS IN 12 |
| familiar wit | th, and accept the obligations of, S Signature, based or printed name of registered a OFFICERS DPS WELLS, MAUREEN FLOR 6250 NW 153 LANE | Section 607. | 0505, Florida Statutes. ของกลับ เหอี TORS | t Beg skred Age in 13. | amed corpor oration's boar | d was medara. | purpose of chappointnient as EIATE OFFICERS ANI | s registered | DRS IN 12 |
| familiar wit GNATURE | th, and accept the obligations of, S Signature, based or puriled name of registered. OFFICERS DPS WELLS, MAUREEN FLOR | Section 607. | 0505. Florida Statutes. গুণুৰাল্কা কাটা TORS ☐ DEEFTE | 13. 1 1 1 1 1 1 E 1 2 NAME 1 3 STREET / | amed corporation's boar | d was medara. | purpose of chappointnient as EIATE OFFICERS ANI | s registered | DRS IN 12 |
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