

# IFTA Mileage By State

Summary of total mileage by state for all equipment.

**Carrier:** MNSM TRUCKING INC

**Period:** 2025/07/01 - 2025/09/30

**Report Generated:** 2025/10/03 4:45:33 pm

## **Vehicle: 4V4NC9EJ8MN263692**

<b>Name</b>	1002
<b>Make</b>	Volvo
<b>Model</b>	TR
<b>Year</b>	2021
<b>State</b>	<b>Miles</b>
AL	884.06
AR	1061.92
AZ	1448.49
CA	1013.15
CO	831.32
CT	36.82
DC	2.33
DE	63.85
FL	8084.58
GA	1601.2
IA	843.98
ID	1295.87
IL	793.18
IN	562.26
KS	1075.83
KY	237.75
LA	1010.04
MD	459.74
MI	221.67
MN	313.87
MO	612.52
MS	841.34
MT	603.9
NC	1162.35
ND	464.4
NE	868.37
NJ	490.34
NM	1903.03
NV	258.02
NY	361.56
OH	648.56
OK	881.57
PA	1390.01
SC	1573.93
TN	938.04
TX	3514.4
UT	667.59
VA	1613.16
WI	289.17
WV	457.79
WY	1206.55

# IFTA Mileage By State

Summary of total mileage by state for all equipment.

**Carrier:** MNSM TRUCKING INC

I

**Period:** 2025/07/01 - 2025/09/30

**Report Generated:** 2025/10/03 4:47:14 pm

## Vehicle: 4V4NC9EH4FN186724

Name	237
Make	Volvo
Model	670
Year	2014
State	Miles
AL	979.43
AR	155.6
AZ	2005.8
CA	1017.65
CO	624.53
CT	105.32
DE	163.5
FL	8074.09
GA	2436.3
IA	48.2
IL	182.42
IN	641.03
KS	339
KY	569.69
LA	1437.16
MA	115.01
MD	399.04
MI	918.07
MO	96.5
MS	425.54
NC	1071.04
NE	187.3
NJ	321.18
NM	496.71
NY	154.49
OH	1237.29
PA	453.36
SC	768.41
TN	1213.77
TX	3528.08
VA	430.3
WV	317.59
WY	203.17

# IFTA Mileage By State

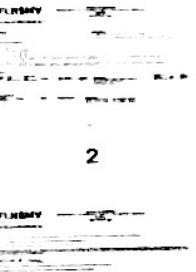
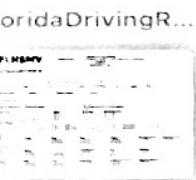
Summary of total mileage by state for all equipment.

**Carrier:** MNSM TRUCKING INC

**Period:** 2025/07/01 - 2025/09/30

**Report Generated:** 2025/10/05 11:17:38 am

<b>Vehicle: 4V4WC9EH0KN206157</b>	
<b>Name</b>	19011
<b>Make</b>	Volvo
<b>Model</b>	VNR640
<b>Year</b>	2019
<b>State</b>	<b>Miles</b>
AL	966.17
AR	597.63
AZ	3519.86
CA	4273.43
CO	332.72
CT	111.72
DC	12.96
DE	23.16
FL	6737.39
GA	1253.76
IA	105.5
ID	374.9
IL	166.35
KY	317.35
LA	2053.94
MA	113.44
MD	89.88
MO	382.27
MS	946.23
MT	2128.09
NC	868.28
ND	250.73
NE	137.99
NJ	95.65
NM	2207.91
NY	578.45
OH	329.8
OK	649.46
OR	539.91
PA	120.49
RI	74.79
SC	504.38
SD	508.57
TN	468.23
TX	6621.46
UT	161
VA	176.94
WA	748.73
WY	391.07



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**(DHSMV)**  
**www.flhsmv.gov**

**Driver Record # M412-540-63-131-1**

As of October 17, 2025 at 4:21:08 PM, Driver Privilege M412-540-63-131-1 is VALID.  
 Personal Information Is Protected Pursuant To The Driver Privacy Protection Act. Entries Below Are A Three Year Record.

First	Middle	Last	Suffix	Date Of Birth	Sex	Height	Race
-------	--------	------	--------	---------------	-----	--------	------

Residential Address	County	Mailing Address	County
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**Current License Type**

Class A - Trucks or truck combinations with a Gross Vehicle Weight Rating of 26,001 lbs or more.

Original License Issued Original CDL Issued

01-03-2001

**License Type**

License (Class E)  
 Temporary Permit (Class E)  
 Commercial Driver License (Class A)  
 Commercial Learner Permit (Class A)

**Issuance History**

Class A Replacement	01-26-2001
Class A Duplicate	01-24-2002
Class A Replacement	05-09-2003
Class A Duplicate	11-28-2005

**Exams**

Vision	General
2 Attempts	0 Attempts
Pass	
04-27-2023	

**CDL Exams**

Vision	General
3 Attempts	1 Attempt
Pass	Reciprocate
04-27-2023	01-03-2001

**Pre-Trip**  
 1 Attempt  
 Reciprocate  
 01-03-2001

Status	Issue Date	Expiration Date
--------	------------	-----------------

Cancelled	12-02-2019	04-11-2029
Expired	01-24-2020	02-11-2020
Valid	12-02-2019	04-11-2029
Expired	11-25-2014	12-25-2014

Class A Address Change	10-25-2006	Class E Replacement	05-03-2021
Class A Replacement	12-01-2014	Class A Replacement	03-23-2022
Class A Replacement	02-03-2020	Class A Replacement	04-27-2023
Class E Replacement	05-03-2021		

Signs	Rules	Driving	Motorcycle Rules	Motorcycle Skills
1 Attempt	1 Attempt	1 Attempt	0 Attempts	0 Attempts
Reciprocate	Reciprocate	Reciprocate		
01-03-2001	01-03-2001	01-03-2001		

Air	Double/Triples	Tank	Passenger
1 Attempt	2 Attempts	1 Attempt	0 Attempts
Reciprocate	Pass	Pass	
01-03-2001	01-03-2001	01-03-2001	

Basic	School Bus	Combination Vehicles	Hazardous Material
1 Attempt	0 Attempts	1 Attempt	1 Attempt
Reciprocate	Reciprocate	Reciprocate	Pass
01-03-2001	01-03-2001	01-03-2001	05-09-2003

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # M412-540-63-131-1

**Restrictions**

B - CORRECTIVE LENSES

**Endorsements**

N - Endorsed for Operating Tank Vehicles

T - Endorsed for Operating Vehicles with Double/Triple Trailers

**Special Driver Information**

REAL ID Compliant

US Citizen

Record appears in National Driver Register

Blocked Personal Information

Blocked for Mailing List

Person has a Digital Image

Eligible to elect driver school. Driver has made 1 elections. Last election was on 09-17-2004. Violations committed while a CDL Holder or in a CMV vehicle are not eligible for driving school election.

Record Appears in CDLIS

(A) Non-exempt Interstate. Operate or expect to operate in interstate commerce and is required to maintain federal medical certification. (Medical Card Required - Not Valid After midnight 1/6/2026.)

**Violations**

Violation Number	Offense Date	Disposition Date	County	State	Points	Citation#	Description	Added To Record	CMV	School Elected
9	07-11-2025	08-14-2025		ID	0	0000	USE HANDHELD PHONE WHILE DRIVING DISPOSITION WAS GUILTY MAGISTRATE COURT	08-14-2025	NO	NO

**Correspondences**

Action Date	County	State	Citation Number	Description
12-09-2019				ADMIN FILING FEES - NO LICENSE ISSUED
12-12-2019				ADMIN FILING FEES - NO LICENSE ISSUED



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # M412-540-63-131-1

Any Out Of State Traffic Violations Reported Will Be Reflected On The Driver Record And Points Assessed In Accordance With Florida Statutes.

Operation Of A Motor Vehicle Constitutes Consent To Any Sobriety Test Required By Law.

Replacement License Required Within 30 Days Of Address Or Name Change.

In Compliance With Section 322.201, F.S., I Robert R. Kynoch, Director, Division Of Motorist Services, Department Of Highway Safety And Motor Vehicles, State Of Florida, Do Hereby Certify That I Am The Custodian Of The Records Of Said Division Of Motorist Services And That This Is A True And Correct Transcript Of The Above Named Subject's Driving Record As Taken From The Official Records On File In This Department.

  
Robert R. Kynoch  
Director

For Information On How To Read This Transcript Please Go To <http://www.flhsmv.gov/ddl/readingfldriverrecord.pdf>

For Frequently Asked Questions, Please Go To [http://www.flhsmv.gov/ddl/abstract\\_questions.html](http://www.flhsmv.gov/ddl/abstract_questions.html)



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # R426-219-86-000-0

As of October 17, 2025 at 4:28:38 PM, Driver Privilege R426-219-86-000-0 is VALID.  
Personal Information Is Protected Pursuant To The Driver Privacy Protection Act. Entries Below Are A Three Year Record.

First	Middle	Last	Suffix	Date Of Birth	Sex	Height	Race
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Residential Address	County	Mailing Address	County
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**Current License Type**

Class A - Trucks or truck combinations with a Gross Vehicle Weight Rating of 26,001 lbs or more.

Original License Issued    Original CDL Issued

10-02-1987    05-08-2001

Prior State and Driver License Number

**License Type**

License (Class E)  
Commercial Driver License (Class A)  
Identification Card

**Status**

Cancelled	03-18-2022	08-19-2030
Valid	07-22-2022	08-19-2029
Cancelled	12-05-2019	08-19-2028

**Issue Date**

08-19-2030
08-19-2029
08-19-2028

**Expiration Date**

12-18-2009
05-10-2011
05-06-2013
05-07-2013
06-23-2015
09-21-2016
01-05-2017
07-01-2020
06-05-2025

**Issuance History**

Class E Duplicate	05-31-1989	Class E Duplicate	12-14-1999	Class A Replacement	12-18-2009
Class E Duplicate	04-03-1990	Class E Duplicate	02-25-2000	Class A CDR/CDT Clearance	05-10-2011
Class E Duplicate	03-08-1991	Class A CDR/CDT Clearance	05-23-2001	Class A CDR/CDT Clearance	05-06-2013
Class E Duplicate	08-22-1991	Class A Duplicate	08-17-2001	Class A Replacement	05-07-2013
Class E Duplicate	04-14-1992	Class A CDR/CDT Clearance	12-28-2001	Class E Replacement	06-23-2015
ID Card Duplicate	02-21-1997	Class A Duplicate	08-14-2002	Class A Replacement	09-21-2016
ID Card Duplicate	04-02-1997	Class A Duplicate	11-12-2002	Class A CDR/CDT Clearance	01-05-2017
Class E Duplicate	05-27-1998	Class A Duplicate	05-30-2003	Class A CDR/CDT Clearance	07-01-2020
Class E Duplicate	05-06-1999	Class A Duplicate	09-01-2005	Class A Replacement	06-05-2025
CDR/CDT Clearance	06-02-1999	Class A CDR/CDT Clearance	02-01-2008		
Class E Duplicate	07-06-1999	Class A Duplicate	02-01-2008		

**Exams**

Vision	General	Signs	Rules	Driving	Motorcycle Rules	Motorcycle Skills
5 Attempts	1 Attempt	1 Attempt	1 Attempt	1 Attempt	0 Attempts	0 Attempts
Pass	Pass	Pass	Waiver	Waiver		
06-05-2025	03-17-2022	09-11-1997	09-12-1997	09-12-1997		



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # R426-219-86-000-0

**CDL Exams**

**Vision**  
4 Attempts  
Pass  
06-05-2025

**Pre-Trip**  
3 Attempts  
Pass  
07-07-2022

**General**  
3 Attempts  
Pass  
04-07-2022

**Air**  
3 Attempts  
Reciprocate  
06-05-2025

**Skills**  
3 Attempts  
Pass  
07-12-2022

**Double/Triples**  
0 Attempts

**School Bus**  
0 Attempts

**Tank**  
2 Attempts  
Fail  
09-04-2002

**Combination Vehicles**  
2 Attempts  
Pass  
04-07-2022

**Passenger**  
0 Attempts

**Hazardous Material**  
0 Attempts

**Special Driver Information**

REAL ID Compliant

Organ Donor

US Citizen

Record appears in National Driver Register

Blocked Personal Information

Blocked for Mailing List

Person has a Digital Image

Eligible to elect driver school. Driver has made 2 elections. Last election was on 11-03-2003. Violations committed while a CDL Holder or in a CMV vehicle are not eligible for driving school election.

Record Appears in CDLIS

(A) Non-exempted Interstate. Operate or expect to operate in interstate commerce and is required to maintain federal medical certification. (Medical Card Required - Not Valid After midnight 6/5/2026.)

**Correspondences**

Action Date County

State

Citation Number

Description

ADMIN FILING FEES - NO LICENSE ISSUED

02-04-2021



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # R426-219-86-000-0

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Replacement License Required Within 30 Days Of Address Or Name Change.

In Compliance With Section 322.201, F.S., I Robert R. Kynoch, Director, Division Of Motorist Services, Department Of Highway Safety And Motor Vehicles, State Of Florida, Do Hereby Certify That I Am The Custodian Of The Records Of Said Division Of Motorist Services And That This Is A True And Correct Transcript Of The Above Named Subject's Driving Record As Taken From The Official Records On File In This Department.

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Director

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**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**(DHSMV)**  
**www.flhsmv.gov**

**Driver Record # A416-100-90-308-0**

As of October 17, 2025 at 4:33:50 PM, Driver Privilege A416-100-90-308-0 is VALID.  
 Personal Information Is Protected Pursuant To The Driver Privacy Protection Act. Entries Below Are A Three Year Record.

First	Middle	Last	Suffix	Date Of Birth	Sex	Height	Race
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<b>Residential Address</b>	<b>County</b>	<b>Mailing Address</b>	<b>County</b>
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**Current License Type**

Class A - Trucks or truck combinations with a Gross Vehicle Weight Rating of 26,001 lbs or more.

**Original License Issued**    **Original CDL Issued**

11-19-2012    06-29-2020

**Prior State and Driver License Number**

**License Type**

License (Class E)  
 Commercial Driver License (Class A)  
 Commercial Learner Permit (Class A)

Status	Issue Date	Expiration Date
Cancelled	06-29-2020	08-28-2028
Valid	06-29-2020	08-28-2027
Expired	06-12-2020	12-09-2020

**Issuance History**

Class E Replacement    03-18-2013  
 Class E Replacement    04-07-2014  
 Class E Replacement    07-27-2016  
 Class E Replacement    12-27-2017

	Class E Replacement	Class A Replacement	Class A Replacement	Class A Replacement
	09-15-2018	08-11-2020	12-13-2021	05-10-2023

06-27-2023	01-23-2024	07-31-2024
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**Exams**

Vision  
 3 Attempts  
 Pass  
 07-31-2024

General  
 0 Attempts

Signs  
 1 Attempt  
 Pass  
 11-19-2012

Rules	Driving
1 Attempt	2 Attempts
Pass	Pass
11-19-2012	03-18-2013

Motorcycle Rules	Motorcycle Skills
0 Attempts	0 Attempts

**CDL Exams**

Vision  
 4 Attempts  
 Pass  
 07-31-2024

General  
 1 Attempt  
 Pass  
 06-12-2020

Air  
 1 Attempt  
 Pass  
 06-12-2020

Double/Triples	Tank
2 Attempts	1 Attempt
Pass	Pass
08-11-2020	06-29-2020

Passenger
0 Attempts

Pre-Trip  
 1 Attempt  
 Waiver  
 06-26-2020

Skills  
 1 Attempt  
 Waiver  
 06-26-2020

Basic  
 1 Attempt  
 Waiver  
 06-26-2020

School Bus
0 Attempts

Combination Vehicles	Hazardous Material
1 Attempt	1 Attempt
Pass	Pass
06-12-2020	06-27-2023



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
(DHSMV)  
[www.flhsmv.gov](http://www.flhsmv.gov)

Driver Record # A416-100-90-308-0

**Restrictions**

E - NO MANUAL TRANSMISSION EQUIPPED CMV

**Endorsements**

T - Endorsed for Operating Vehicles with Double/Triple Trailers

X - Endorsed for Operating Placarded Hazmat and Tank Vehicles

**Special Driver Information**

REAL ID Compliant

Organ Donor

Safe Driver

US Citizen

Blocked Personal Information

Blocked for Mailing List

Person has a Digital Image  
Eligible to elect driver school. Driver has made 2 elections. Last election was on 02-20-2018. Violations committed while a

CDL Holder or in a CMV vehicle are not eligible for driving school election.

Record Appears in CDLIS

(A) Non-exempt Interstate. Operate or expect to operate in interstate commerce and is required to maintain federal medical certification. (Medical Card Required - Not Valid After midnight 8/5/2027.)

I  
Any Out Of State Traffic Violations Reported Will Be Reflected On The Driver Record And Points Assessed In Accordance With Florida Statutes.

Any Out Of State Traffic Violations Reported Will Be Reflected On The Driver Record And Points Assessed In Accordance With Florida Statutes.

Operation Of A Motor Vehicle Constitutes Consent To Any Sobriety Test Required By Law.

Replacement License Required Within 30 Days Of Address Or Name Change.

In Compliance With Section 322.201, F.S., I Robert R. Kynoch, Director, Division Of Motorist Services, Department Of Highway Safety And Motor Vehicles, State Of Florida, Do Hereby Certify

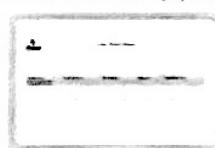
That I Am The Custodian Of The Records Of Said Division Of Motorist Services And That This Is A True And Correct Transcript Of The Above Named Subject's Driving Record As Taken From  
The Official Records On File In This Department.

Robert R. Kynoch  
Director

For Information On How To Read This Transcript Please Go To <http://www.flhsmv.gov/ddl/readingdriverrecord.pdf>

For Frequently Asked Questions, Please Go To [http://www.flhsmv.gov/ddl/abstract\\_questions.html](http://www.flhsmv.gov/ddl/abstract_questions.html)

Attachment (1)...



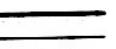
1



2



3



4



5



6

## Loss Detail Report

### Commercial Auto Liability

Name Insured: Mnsm Trucking Inc

Valuation Date: Monday, September 29, 2025, 5:20:51 PM

Policy Number: CT7022317833-1

General Agent: Risk Placement Services Inc

Policy Term: 11/20/2023 - 11/20/2024

Policy State: FL

Occurrence 1      Date of Loss: 6/4/2024

Insured Driver: Milan Milivojevic

Claim No: L550094

Reported: 6/5/2024

Days to Report: 0

Loss Location: Friendswood, TX

Closed Date: 1/1/0001

Description: right turn squeeze

VIN: 4V4NC9EH4FN186724

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Bodily Injury	\$60,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$61,000.00
Vehicle	\$0.00	\$0.00	\$0.00	\$463.00	\$0.00	\$0.00	\$463.00	\$463.00
Total	\$60,000.00	\$0.00	\$1,000.00	\$483.00	\$0.00	\$0.00	\$61,463.00	\$61,463.00

Occurrence 2      Date of Loss: 6/29/2024      Insured Driver: Craig Johnson      Loss Location: Santa Maria, CA

Claim No: L550671

Reported: 7/1/2024

Days to Report: 2

Status: Closed

Closed Date: 8/15/2025

Description: CV involved in initial collision on freeway and collided secondarily with JV trailer located on exit ramp

VIN: 4V4NC9EH4FN186724

Coverage	Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
Bodily Injury	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Liability Loss Summary

11/20/2023 - 11/20/2024

Total Occurrences: 2

Ind. Reserve	Ind. Paid	Exp. Reserve	Exp. Paid	Ded. Recovery	Other Recovery	Gross Incurred	Net Incurred
\$60,000.00	\$0.00	\$1,000.00	\$463.00	\$0.00	\$0.00	\$61,463.00	\$61,463.00

© 2018 - Canal Insurance Company

Loss Runs - MN...



1

2

**BROOKLYN SPECIALTY INSURANCE COMPANY RRG, INC.**6317 Union Academy Ada Rd  
Hope Hull, AL 36043

Date: 09/26/2025

State: FL

Policy #: ITP-11-032023

Insured: MNSM TRUCKING INC

DBA:

Coverage Dates: 3/10/2023 to 11/23/2023

Total Pages: 2

RE: Loss History

 There have been no losses on the policy term(s) listed. There have been losses on the policy term(s) listed.

If you have any questions regarding your loss history, please contact us at: (877) 870-9923

aria, CA

3/15/2025

Net Incurred
\$0.00
\$0.00
\$0.00
Net Incurred
\$61,463.00

### **Loss Runs - MN.**

**BROOKLYN SPECIALTY INSURANCE COMPANY RRG, INC.**

6317 Union Academy Ada Rd

Hope Hull, AL 36043

## Loss Run (Page 1)

**Cover Whale**

Policy Number:

KSCW4510068-00

11/20/2024

Insured Name:

MNSM TRUCKING INC

11/20/2025

Grand Total	Expense Paid	Reserves	Total
TOTAL	0	0	0

**COVER WHALE INSURANCE SOLUTIONS**Valued as of: 09/01/25  
Report Run Date: 09/25/25



STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES  
INTERNATIONAL FUEL TAX AGREEMENT

**TAX RETURN**

PLEASE TYPE OR PRINT IN INK

DELINQUENT AFTER

TAX PERIOD 07/01/24 THRU 09/30/24

10/31/24

Enter Name, Address, FEI # and Customer #, if not Preprinted

MNSM TRUCKING INC  
1908 SW 47TH ST  
CAPE CORAL, FL 33914

FEI # 030515814-01 Customer # \_\_\_\_\_

**MILEAGE AND FUEL SUMMARY (FOR QUALIFIED IFTA VEHICLES)**

1. Fuel Type (a separate FLORIDA SCHEDULE 1 – IFTA FUEL TAX COMPUTATION, HSMV 85922, is required on each fuel type reported)

FUEL TYPES		
Diesel	Gasoline	OTHER (Please indicate) Gasohol, Propane, Natural Gas, Etc.
79532		
11764		
6.76		

**FUEL TAX COMPUTATION**

(Enter Data for Each IFTA Jurisdiction on Florida Schedule 1)

3.	Tax or Credit Due (Total from Schedule 1, Page 2, Column H)	\$ <u>530.50</u>
4.	Less Credit from Previous Returns	\$ ( )
5.	Net Tax Due	\$ <u>530.50</u>
6.	Tax Due from Previous Return(s)	\$
7.	Total Tax Due	\$ <u>530.50</u>
8.	Penalty (See Instructions)	\$
9.	Interest (Total from Schedule 1, Page 2, Column I)	\$
10.	Total Due With This Return – If Credit, Enter -0- and Complete Line 11	\$ <u>530.50</u>
11.	Amount of Credit. Apply to Succeeding Period <input type="checkbox"/> REFUND <input type="checkbox"/>	\$ ( )

I hereby certify that this return has been examined by me and to the best of my knowledge and belief is a true and correct return and that any refund requested is now due and wholly unpaid.

Signature of Owner/Officer

TITLE

TELEPHONE #

DATE  
10/01/25

Print Name

E-Mail Address

All carriers registered under Chapter 207.008, are required to maintain and keep pertinent records and papers for a period of 4 years after the date the tax return is due per Chapter 213.35 and 95.091, Florida Statutes. These records must be made available to the Department for audit upon request.

ATTACH COMPLETED SCHEDULE 1 TO THIS RETURN. MAIL THIS RETURN AND PAYMENT TO: DIVISION OF MOTORIST SERVICES, BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES, NEIL KIRKMAN BUILDING, MS 62, TALLAHASSEE, FL 32399-0626. TELEPHONE NUMBER (850) 617-3711.

HSMV 85921 (7/11)



STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES  
INTERNATIONAL FUEL TAX AGREEMENT

# TAX RETURN

PLEASE TYPE OR PRINT IN INK

DELINQUENT AFTER

TAX PERIOD 10/01/24 THRU 12/31/24

01/31/25

Enter Name, Address, FEI # and Customer #, if not Preprinted

MNSM TRUCKING INC  
1908 SW 47TH ST  
CAPE CORAL, FL 33914

FEI # 030515814-01 Customer # \_\_\_\_\_

**RETURN TYPE** (Check One)  
 ORIGINAL  AMENDED  FINAL  
 RETURN RETURN RETURN

If FINAL RETURN, provide the date operations ceased and return decals:

AMOUNT DUE with this tax return:

\$ 624.11

MAKE CHECKS PAYABLE TO:  
**DIVISION OF MOTORIST SERVICES**

If NO OPERATIONS this period, CHECK HERE

**IFTA Tax Returns MUST Be Filed  
Regardless of Activity**

1. Fuel Type (a separate FLORIDA SCHEDULE 1 – IFTA FUEL TAX COMPUTATION, HSMV 85922, is required on each fuel type reported)

FUEL TYPES		
<u>Diesel</u>	<u>Gasoline</u>	<u>OTHER (Please indicate)</u> Gasohol, Propane, Natural Gas, Etc.
67530		
10552		
6.40		

**FUEL TAX COMPUTATION**  
(Enter Data for Each IFTA Jurisdiction on Florida Schedule 1)

3.	Tax or Credit Due (Total from Schedule 1, Page 2, Column H)	\$ <u>624.11</u>
4.	Less Credit from Previous Returns	\$ ( )
5.	Net Tax Due	\$ <u>624.11</u>
6.	Tax Due from Previous Return(s)	\$
7.	Total Tax Due	\$ <u>624.11</u>
8.	Penalty (See Instructions)	\$
9.	Interest (Total from Schedule 1, Page 2, Column I)	\$
10.	Total Due With This Return – If Credit, Enter -0- and Complete Line 11	\$ <u>624.11</u>
11.	Amount of Credit. Apply to Succeeding Period <input type="checkbox"/> REFUND <input type="checkbox"/>	\$ ( )

I hereby certify that this return has been examined by me and to the best of my knowledge and belief is a true and correct return and that any refund requested is now due and wholly unpaid.

Signature of Owner/Officer	TITLE	TELEPHONE #	DATE
			<u>10/01/25</u>
Print Name	E-Mail Address		

All carriers registered under Chapter 207.008, are required to maintain and keep pertinent records and papers for a period of 4 years after the date the tax return is due per Chapter 213.35 and 95.091, Florida Statutes. These records must be made available to the Department for audit upon request.

ATTACH COMPLETED SCHEDULE 1 TO THIS RETURN. MAIL THIS RETURN AND PAYMENT TO: DIVISION OF MOTORIST SERVICES, BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES, NEIL KIRKMAN BUILDING, MS 62, TALLAHASSEE, FL 32399-0626. TELEPHONE NUMBER (850) 617-3711.

HSMV 85921 (7/11)



STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES  
INTERNATIONAL FUEL TAX AGREEMENT

# TAX RETURN

PLEASE TYPE OR PRINT IN INK

DELINQUENT AFTER

TAX PERIOD 01/01/25 THRU 03/31/25

04/30/25

Enter Name, Address, FEI # and Customer #, if not Preprinted

MNSM TRUCKING INC  
1908 SW 47TH ST  
CAPE CORAL, FL 33914

FEI # 030515814-01

Customer # \_\_\_\_\_

## MILEAGE AND FUEL SUMMARY (FOR QUALIFIED IFTA VEHICLES)

1. Fuel Type (a separate FLORIDA SCHEDULE 1 - IFTA FUEL TAX COMPUTATION, HSMV 85922, is required on each fuel type reported)

FUEL TYPES		
<u>Diesel</u>	<u>Gasoline</u>	OTHER (Please indicate) Gasohol, Propane, Natural Gas, Etc.
70282		
12097		
5.81		

## FUEL TAX COMPUTATION

(Enter Data for Each IFTA Jurisdiction on Florida Schedule 1)

3.	Tax or Credit Due (Total from Schedule 1, Page 2, Column H)	\$ <u>465.43</u>
4.	Less Credit from Previous Returns	\$ ( )
5.	Net Tax Due	\$ <u>465.43</u>
6.	Tax Due from Previous Return(s)	\$
7.	Total Tax Due	\$ <u>465.43</u>
8.	Penalty (See Instructions)	\$
9.	Interest (Total from Schedule 1, Page 2, Column I)	\$
10.	Total Due With This Return - If Credit, Enter -0- and Complete Line 11	\$ <u>465.43</u>
11.	Amount of Credit. Apply to Succeeding Period <input type="checkbox"/> REFUND <input type="checkbox"/>	\$ ( )

I hereby certify that this return has been examined by me and to the best of my knowledge and belief is a true and correct return and that any refund requested is now due and wholly unpaid.

Signature of Owner/Officer

TITLE

TELEPHONE #

DATE

10/01/25

Print Name

E-Mail Address

All carriers registered under Chapter 207.008, are required to maintain and keep pertinent records and papers for a period of 4 years after the date the tax return is due per Chapter 213.35 and 95.091, Florida Statutes. These records must be made available to the Department for audit upon request.

ATTACH COMPLETED SCHEDULE 1 TO THIS RETURN. MAIL THIS RETURN AND PAYMENT TO: DIVISION OF MOTORIST SERVICES, BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES, NEIL KIRKMAN BUILDING, MS 62, TALLAHASSEE, FL 32399-0626. TELEPHONE NUMBER (850) 617-3711.

HSMV 85921 (7/11)



STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES  
INTERNATIONAL FUEL TAX AGREEMENT

**TAX RETURN**

PLEASE TYPE OR PRINT IN INK

DELINQUENT AFTER

TAX PERIOD 04/01/25 THRU 06/30/25

07/31/25

Enter Name, Address, FEI # and Customer #, if not Preprinted

MNSM TRUCKING INC  
1908 SW 47TH ST  
CAPE CORAL, FL 33914

FEI # 030515814-01 Customer # \_\_\_\_\_

**MILEAGE AND FUEL SUMMARY (FOR QUALIFIED IFTA VEHICLES)**

1. Fuel Type (a separate FLORIDA SCHEDULE 1 – IFTA FUEL TAX COMPUTATION, HSMV 85922, is required on each fuel type reported)

FUEL TYPES		
Diesel	Gasoline	OTHER (Please indicate) Gasohol, Propane, Natural Gas, Etc.
81052		
11586		
7.00		

**FUEL TAX COMPUTATION**

(Enter Data for Each IFTA Jurisdiction on Florida Schedule 1)

3.	Tax or Credit Due (Total from Schedule 1, Page 2, Column H)	\$ <u>552.09</u>
4.	Less Credit from Previous Returns	\$ ( )
5.	Net Tax Due	\$ <u>552.09</u>
6.	Tax Due from Previous Return(s)	\$
7.	Total Tax Due	\$ <u>552.09</u>
8.	Penalty (See Instructions)	\$
9.	Interest (Total from Schedule 1, Page 2, Column I)	\$
10.	Total Due With This Return – If Credit, Enter -0- and Complete Line 11	\$ <u>552.09</u>
11.	Amount of Credit. Apply to Succeeding Period <input type="checkbox"/> REFUND <input type="checkbox"/>	\$ ( )

I hereby certify that this return has been examined by me and to the best of my knowledge and belief is a true and correct return and that any refund requested is now due and wholly unpaid.

Signature of Owner/Officer

TITLE

TELEPHONE #

DATE  
10/01/25

Print Name

E-Mail Address

All carriers registered under Chapter 207.008, are required to maintain and keep pertinent records and papers for a period of 4 years after the date the tax return is due per Chapter 213.35 and 95.091, Florida Statutes. These records must be made available to the Department for audit upon request.

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HSMV 85921 (7/11)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Prestige Trucking Insurance 7200 W McNab Road	CONTACT NAME: Certificate Department	
		PHONE (A/C No. Ext): 954-716-7700 FAX (A/C No.): 954-212-6400	
INSURED	Tamarac MNSM Trucking Inc 1908 SW 47th St Cape Coral	E-MAIL ADDRESS: co@prestigetrucking.com	
		FL 33321 FL 33914-1712	
INSURER(B) AFFORDING COVERAGE		NAIC #	
INSURER A: Knight Specialty Insurance Co		15366	
INSURER B: American Inter-Fidelity Exchange		40088	
INSURER C: Encore Protection			
INSURER D:			
INSURER E:			
INSURER F:			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER						
A	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			KSCW4510068-00	11/20/2024	11/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			I23M8962-250K-D1000-S-403308	11/20/2024	11/20/2025	Limit: \$250,000, Deductible: \$2,500
B	Physical Damage			I23C8967-D2500-S-403308	11/20/2024	11/20/2025	Deductibles - Comp: \$2,500, Col: \$2,500

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## Vehicles:

2019, VOLVO TRUCK, VNR, VIN: 4V4WC9EH0KN206157, (\$26,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500  
 2005, STOUGHTON TRAILERS, Stoughton trailers, VIN: 1DW1A53255B800228  
 2023, HYUNDAI TRANSLEAD TRAILERS, Hyundai Translead Trailers, VIN: 3H3V532K7PJ071148, (\$35,000), Coll Ded: \$2500, Comp Ded: \$2500  
 2023, HYUNDAI TRANSLEAD TRAILERS, Hyundai Translead Trailers, VIN: 3H3V532K4PS065074, (\$35,000), Coll Ded: \$2500, Comp Ded: \$2500  
 2015, VOLVO TRUCK, VNL, VIN: 4V4NC9EH4FN186724, (\$25,000)  
 2021, VOLVO TRUCK, VNL, VIN: 4V4NC9EJ8MN263692, (\$30,975), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

## CERTIFICATE HOLDER

## CANCELLATION

Department of highway safety & Motor Vehicle Services Bureau of Commercial Vehicle and driver services Neil Kirkman Building Room B-104 MS 62 2900 Apalachee Pkwy Tallahassee FL 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John Disla</i>

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