

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 358387 (9)

1. Corporation Name

VICKERS FLEET SERVICE, INC.



Principal Place of Business

2400 17TH STR E  
PALMETTO FL 34221  
US

Mailing Address

PO BOX 711  
PALMETTO FL 34220-0711  
US

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VICKERS, WILLIAM A  
2204 5TH STREET WEST  
PALMETTO FL 34221

3. Date Incorporated or Qualified

01/20/1970

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1369701

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

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 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person filing this report (see instructions)

Signature of person filing this report (see instructions)

(Date)

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | ST                      | <input type="checkbox"/> DELETE |
| NAME           | VICKERS, ROSE C.        |                                 |
| STREET ADDRESS | 2204 5TH ST WEST        |                                 |
| CITY, ST, ZIP  | PALMETTO FL             |                                 |
| TITLE          | P                       | <input type="checkbox"/> DELETE |
| NAME           | VICKERS, WILLIAM A. JR. |                                 |
| STREET ADDRESS | 2204 5TH ST WEST        |                                 |
| CITY, ST, ZIP  | PALMETTO FL             |                                 |
| TITLE          | VD                      | <input type="checkbox"/> DELETE |
| NAME           | VICKERS, WILLIAM A. SR. |                                 |
| STREET ADDRESS | 2204 5TH ST WEST        |                                 |
| CITY, ST, ZIP  | PALMETTO FL             |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY, ST, ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY, ST, ZIP  |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply 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 on the date of filing; that I am 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 a attachment with an address.

SIGNATURE:

*William A. Vickers, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Vickers, Jr., President

03-27-96

(941) 722-2106

Date

Display Phone

CR2E034 (12/95)