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 # **551657** **(0)**

1. Corporate Name
DELANE'S TRUCK BROKERAGE, INC.

Principal Place of Business
1315 HWY 17-92 W.
C/O F DELANE WILKINSON
HAINES CITY FL 33845

Mailing Address
PO BOX 2037
HAINES CITY FL 33845
US

3. Date Incorporated or Qualified: **11/21/1977**
3a. Date of Last Report: **02/01/1995**

4. FEI Number: **59-1868950**
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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILKINSON, F. DELANE
W. US. HIGHWAY 17-92
HANIES CITY FL 33844

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 Section 607.1622, 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 corporation is authorized to do so. I, the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
WILKINSON, F. DELANE
1909 PENINSULAR DR.
HAINES CITY FL
☐ Delete

V
WILKINSON, STEVEN D.
2104 PENINSULAR DR.
HAINES CITY FL
☐ Delete

ST
LEWIS, MARYANN
11100 JIM EDWARDS ROAD
HAINES CITY FL
☐ Delete

☐ Delete
☐ Delete
☐ Delete

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, NOTE

1 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

2 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

3 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

4 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

5 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

6 Title ☐ Change ☐ Addition
2 Name
3 Street Address
4 City, St, Zip

14. I hereby certify that the information supplied with this filing is true, accurate, complete, and current; and that the information indicated on the business report to supplement 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 with an asterisk (*) or on an attached sheet.

SIGNATURE: Mary Ann Lewis Mary Ann Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96
Date

941-422-3339
Daytime Phone #

CR2E034 (12/95)