

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

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**'95 MAR -1 PM 2:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # G58215 (6)**

1. Corporation Name  
**MOODY TRUCK CENTER, INC.**

Principal Place of Business: **4600 PHILLIPS HIGHWAY JACKSONVILLE FL 32207**

Mailing Address: **4600 PHILLIPS HIGHWAY JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **09/06/1983**

3a. Date of Last Report: **01/20/1994**

4. FEI Number: **59-2320254**

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

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **27**

Zip: **24** Country: **25**

City & State: **28**

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**MOODY, R.M.  
6757 POTTSBURG DRIVE  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>MOODY, R M</b>
STREET ADDRESS	<b>6757 POTTSBURG DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>MORAN, D. E.M.</b>
STREET ADDRESS	<b>2300 RIVER ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>THROOP, E.J.M.</b>
STREET ADDRESS	<b>13848 ATLANTIC BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>ST</b>
NAME	<b>MIDDLETON, W. A.</b>
STREET ADDRESS	<b>5403 FERN CREEK DR, N.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 other amount with a new name.

SIGNATURE: *Wayne A. Middleton* **1/24/95 904739229/p**

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR ON

**WAYNE A. MIDDLETON**