FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 3-11-96 3-2068 C

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

3. Date Incorporated or Qualified: 09/06/1983

3a. Date of Last Report: 03/01/1995

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

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

4. FEI Number: 59-2320254 ☐ 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

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 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 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOODY, R M		1.2 NAME		
STREET ADDRESS	6757 POTTSBURG DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORAN, D. E.M.		2.2 NAME		
STREET ADDRESS	2300 RIVER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THROOP, E.J.M.		3.2 NAME		
STREET ADDRESS	13846 ATLANTIC BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, W. A.		4.2 NAME		
STREET ADDRESS	5403 FERN CREEK DR, N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME			5.2 NAME	MOODY, R. M. JR	
STREET ADDRESS			5.3 STREET ADDRESS	8351 NEWTON RD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32216	
TITLE		☐ DELETE	6.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME			6.2 NAME	MOODY, JOHN C.	
STREET ADDRESS			6.3 STREET ADDRESS	14840 PLUMOSA DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL. 32250	

CR2E034 (12/95)

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 119.07(3)(i), 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 attachment with an address.

SIGNATURE: Wayne A Middleton 3/5/96 904 739 2296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #