

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V42508 (4)**

1. Corporation Name
AMERICAN COMMERCIAL TRUCK EQUIPMENT, INC.



Principal Place of Business: **351 Commerce Blvd Oldsmar, FL 34677**
Mailing Address: **351 Commerce Blvd Oldsmar, FL 34677**

3. Date Incorporated or Qualified: **06/10/1992**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-3126789**
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: **351 Commerce Blvd Oldsmar, FL 34677**
2a. Mailing Address: **351 Commerce Blvd Oldsmar, FL 34677**
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, AILEEN S
201 E KENNEDY BLVD
SUITE 800
TAMPA FL 33602**

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 607.1504 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 of person performing this registration (Last, First, Middle Initial)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP RUGGLES, JOHN A	2. NAME	
STREET ADDRESS	7220 N HOLLOWELL 11803 MIDPLEBURY DR	3. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL Tampa, FL 33626	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV PATTERSON, ROBERT L II	2. NAME	
STREET ADDRESS	1705 HORSESHOE DR 16141 VANDERBILT DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PLANT CITY FL ODESSA, FL	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Robert PATTERSON, 01-18-96

813855-2225

CR2E034 (12/95)