

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60459 (7)

1. Corporation Name
FORTY ACRE TRUCK STOP, INC.

Principal Place of Business Making Address
**2025 W MEMORIAL BLVD
LAKELAND FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1992** 3a. Date of Last Report **09/13/1994**

4. FEI Number **59-3138737** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Director 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 2a. Making Address
21 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 City & State 28 City & State
24 City 25 County 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**PARRISH, CARY
6503 US HWY 301
TAMPA FL 33610**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 of Registered Agent (Print Name)

Signature of Registered Agent (Print Name)

12. OFFICERS AND DIRECTORS

12.1 TITLE	P
12.2 NAME	PARRISH, CARY
12.3 STREET ADDRESS	6503 US HWY 301
12.4 CITY, ST, ZIP	TAMPA FL
12.5 TITLE	D
12.6 NAME	PARRISH, KAROL
12.7 STREET ADDRESS	6503 US HWY 301
12.8 CITY, ST, ZIP	TAMPA FL
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 Par. 607.1903(3) Florida Statutes. I further certify that the information included 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 person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this chapter, or on an attachment with an address.

SIGNATURE: *Cary Parrish* **Cary Parrish, Pres. 4/24/95 813-623-1548**