

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000085802

Entity Name: TOM NEHL TRUCK LEASING, INC.**Current Principal Place of Business:**417 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32254**Current Mailing Address:**417 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32254**FEI Number: 37-1610452****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACALIS, STEVEN N
417 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32254 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name BACALIS, STEVE N
Address 417 S EDGEWOOD AVE
City-State-Zip: JACKSONVILLE FL 32254

Title VP
Name CATTO, WILLIAM B
Address 5150 ORTEGA FOREST DR
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name SOWERS, CHARLES
Address 1708 SHORELINE DR
City-State-Zip: ORANGE PARK FL 32073

Title VP
Name CATTO, MICHAEL B
Address 3695 JOE ASHTON RD
City-State-Zip: ST AUGUSTINE FL 32092

Title SECRETARY
Name SCHEIBLE, LAUREN BACALIS
Address 952 SORRENTO ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name SCHEIBLE, DEVON PAUL
Address 952 SORRENTO ROAD
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN N BACALIS**PRESIDENT****02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date