


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 150637 1. Entity Name SOUTHERN TRUCK BODY CORPORATION					
Principal Place of Business 3924 SPRUCE STREET TAMPA, FL 33607			Mailing Address 3924 SPRUCE STREET TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number 59-0570204	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For (Not Applicable)	
6. Name and Address of Current Registered Agent PEEBLES JERRY W 3924 SPRUCE ST TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D PEEBLES, KELLY 3924 SPRUCE ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DVST PEEBLES, MARY L 3924 SPRUCE ST TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PEEBLES, JERRY 3924 SPRUCE ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>May L. Davis</i>			4/28/04 813.879.8114		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		