

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 255845 (0)
1. Corporation Name
27 TRUCK STOP, INC.



Principal Place of Business Mailing Address
**127 SOUTH DIXIE DR.
FROSTPROOF FL 33843** **127 SOUTH DIXIE DR.
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified **02/09/1962** 3a. Date of Last Report **07/13/1995**
4. FEI Number **59-0947395** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**MARIE ALICE CRANO
3995 U.S. HWY 27 SOUTH
LAKE WALES FL FL 33853**

10. Name and Address of New Registered Agent

81 Name **C.A. Hatchett**
82 Street Address (P.O. Box Number is Not Acceptable) **127 Dixie Dr S**
83
84 City **Frostproof** FL 85 Zip Code **33843**

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 **Marie Alice Crano**
Signature type for provisions of registered agent and the applicable (NOTE: Registered Agent Signature required when re-appointing)

C.A. Hatchett **6/11/96**
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HATCHETT, C.A.	
STREET ADDRESS	127 DIXIE DRIVE S.	
CITY-ST-ZIP	FROSTPROOF FL.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HATCHETT, TIM H.	
STREET ADDRESS	127 DIXIE DRIVE S	
CITY-ST-ZIP	FROSTPROOF FL.	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HATCHETT, E M	
STREET ADDRESS	127 DIXIE DRIVE S	
CITY-ST-ZIP	FROSTPROOF FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address

SIGNATURE: **C.A. Hatchett** **C.A. HATCHETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 **944-635-3087**
DATE Registered Phone #

CR2E034 (3/96)