

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northington
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:18

DOCUMENT # 400255 (6)

1. Corporation Name

A-1 TRUCK & TRAILER RENTALS, INC.

Principal Place of Business

**987 SE 11TH PLACE
MALEAH FL 33010**

Mailing Address

**987 SE 11TH PLACE
MALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1972	3a. Date of Last Report 03/03/1994
4. FFI Number 59-1391419	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required
6. Election Campaign Exemption Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.002, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
21. ☐	City, Apt. #, etc.	26. ☐	City, 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

**LESSER, SHEPARD P
909 N DIXIE HWY
WEST PALM BCH FL 33401**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (if C) (Box Number is Not Acceptable)	
83. ☐	
84. City	FL 85. 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 Agent or Current Name of Registered Agent and their address

Signature of Registered Agent and their address

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	1. NAME	2. NAME	☐ Change ☐ Addition
STREET ADDRESS	1. STREET ADDRESS	3. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	1. CITY, ST, ZIP	4. NAME	☐ Change ☐ Addition
TITLE	NAME	5. NAME	☐ Change ☐ Addition
NAME	2. NAME	6. NAME	☐ Change ☐ Addition
STREET ADDRESS	2. STREET ADDRESS	7. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	2. CITY, ST, ZIP	8. NAME	☐ Change ☐ Addition
TITLE	NAME	9. NAME	☐ Change ☐ Addition
NAME	3. NAME	10. NAME	☐ Change ☐ Addition
STREET ADDRESS	3. STREET ADDRESS	11. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	3. CITY, ST, ZIP	12. NAME	☐ Change ☐ Addition
TITLE	NAME	13. NAME	☐ Change ☐ Addition
NAME	4. NAME	14. NAME	☐ Change ☐ Addition
STREET ADDRESS	4. STREET ADDRESS	15. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	4. CITY, ST, ZIP	16. NAME	☐ Change ☐ Addition
TITLE	NAME	17. NAME	☐ Change ☐ Addition
NAME	5. NAME	18. NAME	☐ Change ☐ Addition
STREET ADDRESS	5. STREET ADDRESS	19. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	5. CITY, ST, ZIP	20. NAME	☐ Change ☐ Addition

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 190.002, 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 on the oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and I do not require approval in Block 12 or Block 13 to be reported, or as an attachment with an address.

SIGNATURE:

Donald C. Ling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD C. LING

1-11-95

908-493-1500