

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 497800 (3)**  
 1. Corporation Name  
**VERNAM'S GARAGE & TRUCK SALES, INC.**



Principal Place of Business <b>2020 NW 31ST ST OCALA FL 32675</b>	Mailing Address <b>2020 NW 31ST ST OCALA FL 34475-3343</b>
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2. Principal Place of Business <b>21 2020 NW 31ST ST</b>	2a. Mailing Address <b>26 2020 NW 31ST ST</b>	3. Date Incorporated or Qualified <b>03/01/1976</b>	3a. Date of Last Report <b>03/12/1996</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>59-1719982</b>	Applied For Not Applicable
23 City & State <b>Ocala FL</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>34475</b>	25 Country <b>USA</b>	29 Zip	30 Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

<b>VERNAM, JOHN N. III</b> <b>2865 SE 36TH STREET</b> <b>OCALA FL 32671</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNAM, BRENDA L</b>	1.2 NAME	
STREET ADDRESS	<b>4730 SW 3RD AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNAM, JOHN N. III</b>	2.2 NAME	
STREET ADDRESS	<b>4730 SW 3RD AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)