

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 501581 (3)

1. Corporation Name

BOOTH TRUCK BROKER, INC.



Principal Place of Business

Mailing Address

P.O. BOX 88-5069
LEESBURG FL 34789-2069

P.O. BOX 88-5069
LEESBURG FL 34789-2069

3. Date Incorporated or Qualified

04/14/1976

3a. Date of Last Report

04/06/1995

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

4. FEI Number

59-1759082

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTH, GARY M
LAKE DRIVE, SPARKS VILLAGE
LEESBURG FL 34789-2026

81 Name

82 Street Address (P.O. 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 typed or printed name of registered agent and printed name of

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOOTH, GARY M.
STREET ADDRESS LAKE DRIVE, SPARKS VILLA
CITY-ST-ZIP TAVARES FL ☐ DELETE

TITLE VD
NAME DOUGLAS, VERA BOOTH
STREET ADDRESS LAKE DRIVE, SPARKS VILLA
CITY-ST-ZIP TAVARES FL ☐ DELETE

TITLE TSD
NAME BOOTH, BEVERLY
STREET ADDRESS LAKE DRIVE, SPARKS VILLA
CITY-ST-ZIP TAVARES FL ☐ DELETE

TITLE TD
NAME BOOTH, BEVERLY W.
STREET ADDRESS LAKE DRIVE, SPARKS VILLA
CITY-ST-ZIP TAVARES FL ☒ DELETE

TITLE SD
NAME BOOTH, VERA M.
STREET ADDRESS LAKE DRIVE, SPARKS VILLA
CITY-ST-ZIP TAVARES FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY, TIME, PHONE #

CR2E034 (12/95)