

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90192 044 \*\*\*150.00

DOCUMENT # 520025

1. Corporation Name

UNITED TRUCK AND TRAILER SALES, INC.

Principal Place of Business

6038 EAST BROADWAY AVE  
TAMPA FL 33619  
US

Mailing Address

BOX 79282  
TAMPA FL 33619-0282  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1976

4. FEI Number

59-1704516

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12802 EASY STREET

2a. Mailing Address

26 P.O. BOX 22065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

28 TAMPA, FL

Zip

24 33625 25 USA

Zip

29 33622-2065 30 USA

9. Name and Address of Current Registered Agent

LEWIS, DON  
6202 E. BROADWAY  
6038 E BROADWAY AVE.  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

CAROLE LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)

12802 EASY STREET

83

84 City

TAMPA

FL

85 Zip Code

33625

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SPT ☐ DELETE

NAME LEWIS, DON

STREET ADDRESS 12802 EASY STREET

CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME RATHBONE, GALE L.

STREET ADDRESS 1603 LAKEWOOD DR.

CITY-ST-ZIP BRANDON FL

TITLE SPTD ☐ DELETE

NAME LEWIS, CAROLE

STREET ADDRESS 12802 EASY STREET

CITY-ST-ZIP TAMPA FL 33625

TITLE VPD ☒ DELETE

NAME STALLEY, DOUGLAS B.

STREET ADDRESS 4820 W. GRANDY BLVD.

CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNED

1/12/99 813 920-4130

CR2E034 (11/98)