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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

561139

(7)

ORLANDO TRUCK SALES & SERVICES, INC.

Principal Place of	of Business	Mailing Address			
P.O. BOX 400 FRUITLAND P.		P.O. BOX 400 Fruitland Park FL 34	731		
				3. Date incorporated or Qualified 03/02/1978	3a. Date of Last Report 03/28/1995
2. Principal Place of Business 21 P.O. BOK 188		2a. Mailing Address 26 P.O. BOK 188		4. FEI Number 59-1788769	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	TUS FL 3	City & State 尼じらてに		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
<sup>Zp</sup>	17-0189 Country LAKE	29 32727-d	Country LAKE	This corporation has liability for Florida Statutes Yes     Name and Address of New F	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	egistered Agent
	MERLE GENE ENTER STREET		82 Street Add	ress (P.O. Box Number is Not Acceptat	ile)
EUSTIS I			83		
			<b>84</b> City		FL 85 Zip Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Flor	ida. Such change was authorized tion 607,0505, Florida Statutes. பசுப்போது கண்ண்ட் அவ	d by the corporation's boa Resolved Apart squalize respon		ointment as registered agent. I am
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	DALION MEDIE CENE	☐ DEFELE	1.111/0		Change 🔲 Addition
NAMÉ	BAUGH, MERLE GENE 506 S. CENTER STREET		1.2 NAM		
STREET ADDRESS	EUSTIS FL		13 STRE TADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	2 1 Titl :		Change Addition
NAME	BAUGH, DANIEL L.	_ peren	22 NAM		C ondarg. C necessor
STREET ADDRESS	2303 ORANGE AVENUE		2.3 STRE 1 ACORESS		
CITY-ST-ZIP	EUSTIS FL		2.4 CHY ST-ZIP		
TITLE	P	DELETE	3 1 TITE		Change Addition
NAME	BAUGH, MERLE GENE		3 2 NAM		
STREET ADDRESS	506 S. CENTER STREET		3.3 STREET ADDRESS		-
City - St - ZiP	EUSTIS FL		34 CITY ST-ZIP		
THLE		DELETE	4 1 TIFL		Change Addition
NAME			4 2 NAM		
STREET ADDRESS			4.3 STRELE ADDRESS		
CITY - ST - Z:P		——————————————————————————————————————	44 City -ST-ZiF		
TITLE		☐ DELETE	5 1 TITL:		Change Addition
NAMÉ			5 2 NAM		
STREET ADDRESS			5.3 STRE TIADORESS		
CITY - ST - ZIP		The neighbor	5 4 CHY ST-ZIP		Change Addition
THLE		☐ DELETE	6 LTITL:		[_] Change   Addition
NAME CIRCLY ADDRESS			62 NAM		
STREET ADDRESS			6 3 STREET ADDRESS		
City S1-ZiP 14. I do hereby	certify that the information supplied	with this fling is voluntarily furnis	■ 64 C·TY ·ST · ZiP shed 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 ann	iual report or supplemental annu	al report is true and accura	ate and that my signature shall have the iis report as required by Chapter 607, F	same legal effect as if made under

SIGNATURE:

appears in Block 12 or Block 13 # changed, or on an attachment with an address.

GNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V4-24-96 (904) 357- 1300