

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

•PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **607430** (6)

1. Corporation Name

JANSEN TRUCK & EQUIPMENT, INC.

Principal Place of Business

P. O. BOX 490096ET
LEESBURG FL 34749-0096

Mailing Address

PO BOX 490096
LEESBURG FL 34749-0096
US



2. Principal Place of Business

2a. Mailing Address

21 **723 E. MAIN ST.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

LEESBURG, FL

28

24

Zip **34748**

Country **LAKE**

29

Zip **US**

Country

9. Name and Address of Current Registered Agent

**JANSEN, MARILYN L.
723 E. MAIN ST.
LEESBURG FL 34748**

3. Date Incorporated or Qualified

01/04/1979

3a. Date of Last Report

03/03/1995

4. FEI Number

59-1882410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 state if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
**VPD
JANSEN, THEODORE S.
1507 W. LANCASTER AVE.
LEESBURG FL**

2.1 TITLE ☐ DELETE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
**PD
JANSEN, MARILYN L.
1507 W. LANCASTER AVE.
LEESBURG FL**

3.1 TITLE ☐ DELETE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
**STD
JANSEN, KURT T.
221 W 17TH ST.
SANFORD FL**

4.1 TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Marilyn L. Jansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

(352) 787-2265
DATE PHONE #

CR2E034 (12/95)