FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849063** **(3)**

1. Corporation Name

ADT TRUCK AND EQUIPMENT AUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O ADT AUTOMOTIVE INC. 435 METROPLEX DRIVE NASHVILLE TN 37211 US	C/O ADT, INC. 2255 GLADES RD BOCA RATON FL 33431-7383 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1981
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 38-1962772 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, MICHAEL J.	12 NAME	
STREET ADDRESS	435 METROPLEX DR.	13 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DRZAYICH, NICHOLAS	22 NAME	
STREET ADDRESS	435 METROPLEX DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KIRBY, RONALD R JR.	32 NAME	
STREET ADDRESS	435 METROPLEX DR.	33 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	34 CITY-ST-ZIP	
TITLE	TS	41 TITLE	☐ Change ☐ Addition
NAME	BUZZELL, JAMES R.	42 NAME	
STREET ADDRESS	435 METROPLEX DR.	43 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	RUZIKA, STEPHEN J.	52 NAME	
STREET ADDRESS	2255 GLADES RD.	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	BECK, JAN S.	62 NAME	
STREET ADDRESS	C/O ADT, INC., 2255 GLADES RD.	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	64 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)(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.

SIGNATURE: Jan S. Beck, Asst. Sec'y 4/21/95 (407) 997-8406
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0284673 CP