

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 # 849063 (3)

1. Corporation Name

ADT TRUCK AND EQUIPMENT AUCTIONS, INC.



Principal Place of Business

C/O ADT AUTOMOTIVE INC.  
435 METROPLEX DRIVE  
NASHVILLE TN 37211  
US

Mailing Address

C/O ADT, INC.  
2255 GLADES RD  
BOCA RATON FL 33431-7383  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/07/1981

3a. Date of Last Report

04/27/1995

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

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 title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC  
RICHARDSON, MICHAEL J.  
435 METROPLEX DR.  
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
DRZAYICH, NICHOLAS  
435 METROPLEX DRIVE  
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
KIRBY, RONALD R JR.  
435 METROPLEX DR.  
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TS  
BUZZELL, JAMES R.  
435 METROPLEX DR.  
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AT  
RUZIKA, STEPHEN J.  
2255 GLADES RD.  
BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS  
BECK, JAN S.  
C/O ADT, INC., 2255 GLADES RD.  
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Jan S. Beck, Ass't Sec'y

Date

Daytime Phone #

CR2E034 (12/95)