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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

**FILED** Apr 21 1998 8:00am Secretary of State

ATLAN	TIC TRUCK EQUIPMENT, II	NC.			
Principal Place of Business 702 SOUTH MARKET AVENUE C/O MARION SIZEMORE FT. PIERCE FL 34982-6644		Mailing Address 702 SOUTH MARKET AVENUE C/O MARION SIZEMORE FT. PIERCE FL 34982-6644		DO NOT WRITE IN THI	
				3. Date Incorporated or Qualified 10/02/1980	
2. Principal P	lac <b>e o</b> f Business	2a. Mailing Address 26		4. FEI Number 59-2044040	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip 24	Country	Zip	Country	Trust Fund Contribution  B. This corporation owes or has paid the contribution	_ ' _ '
24	25 9. Name and Address of Curre		[30]	Personal Property Tax due June 30.  10. Name and Address of New Registere	L Yes
SI7	EMORE, MARION	The gratered Agent	81 Name	10. Name and Address of New Registere	u Agent
702	2 SOUTH MARKET AVENUE PIERCE FL 34982		82 Street Addin	ess (P.O. Box Number is Not Acceptable)	
			84 City	F	85 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Horida. Such change was a ations of, Section 607.0505, Flo	es, the above-named corp outhorized by the corporati orida Statutes	oration submits this statement for the purpose on's board of directors. I hereby accept the ag	
SIGNATURE	Signature: typed or printed name of regerered au	MONTH	Registered Agent signature require	DAY	
12.		ID DIRI CTORS	13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	SIZEMORE, MARION		1.2 NAME		- ,
STREET ADDRESS	702 S. MARKET AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		14 CHY-\$1-7/P		į į
TITLE	\$	☐ DELETE	2 1 TITLE		Change Addition
NAME	<b>SIZEMORE</b> , RUTH M.		2.2 NAME		
STREET ADDRESS	702 S. MARKET AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2. 4 City-St-7IP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1-ZIP		
TITLE		[] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		177
TITLE		☐ DELETE	5 1 1IILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-2IP	·		6.4 CITY-S1-ZIP		

Thereby certify that the information supplied with this firing 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.