

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # FS2159

1. Corporation Name

CERTIFIED TRUCK SALES, INC.

Principal Place of Business

Mailing Address

3290 SW 50 AVE
FT. LAUDERDALE, FL. 33314

SAME

95 MAY 10 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-03-81

3a. Date of Last Report

MAY 1994

4. FEI Number

59-2141615

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 ☐ res ☒ no

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

USA

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

DALE HAGEL

82 Street Address (P.O. Box Number is Not Acceptable)

83

3290 SW 50 AVE

84

FT. LAUDERDALE

FL

85

Zip Code

33314

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when resigning.

5-5-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT

NAME

OTTI ARNOTT

STREET ADDRESS

1480 SHERIDAN ST. B-26

CITY, ST, ZIP

HOLLYWOOD, FL. 33020

TITLE

V-PRES

NAME

PAUL BAKER

STREET ADDRESS

1101 NW 29 ST.

CITY, ST, ZIP

WILTON MANOR, FL. 33311

TITLE

SECRETARY

NAME

R.S. FARRAS

STREET ADDRESS

5916 McENROE CT.

CITY, ST, ZIP

LEEFSBURG, FL. 34248

TITLE

DALE HAGEL

NAME

TREASURER

STREET ADDRESS

9520 NW 65 ST.

CITY, ST, ZIP

FT. LAUDERDALE, FL. 33311

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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SIGNATURE:

[Signature] Sec.

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95

305 983-7300

04 904 782-3826