

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000000066 (1)

1. Corporation Name

FLORIDA DETROIT DIESEL-ALLISON NORTH, INC.

Principal Place of Business

**5040 UNIVERSITY BLVD., WEST
JACKSONVILLE FL 32216
US**

Mailing Address

**P.O. BOX 16595
JACKSONVILLE FL 32245-6595**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

38-3078921

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PO

NAME

CATTO, MICHAEL L.

STREET ADDRESS

1343 GROSVENOR SQ

CITY-ST-ZIP

JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

V

NAME

LITTLEFELD, PHIL

STREET ADDRESS

6750 EPPING FOREST WAY N #108

CITY-ST-ZIP

JACKSONVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

CD

NAME

WALQUIST, LEE J.

STREET ADDRESS

13400 OUTER DRIVE WEST

CITY-ST-ZIP

DETROIT MI

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

S

NAME

FARMER, JOHN F

STREET ADDRESS

13400 OUTER DR., WEST

CITY-ST-ZIP

DETROIT MI 48239

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

AS

NAME

JONES, SUSAN K.

STREET ADDRESS

11440 SQUIRE WAY LANE

CITY-ST-ZIP

JACKSONVILLE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE

AS

NAME

MORRIS, SUSAN M.

STREET ADDRESS

13400 OUTER DRIVE, WEST

CITY-ST-ZIP

DETROIT MI

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Delete

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 110.07(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

Susan K. Jones

3/16/95

(904) 737-7330

Date

Telephone Number