

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 21, 1996 08:00 AM  
Secretary of State

DOCUMENT # F94000000964 (6)

1. Corporation Name

TRUCKS & PARTS OF TAMPA, INC.



Principal Place of Business

Mailing Address

1015 S. 50TH ST.  
TAMPA FL 33619

1015 S. 50TH ST.  
TAMPA FL 33619

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

01/18/1995

4. FEI Number

31-0871565

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

GOLDENBERG, LEX H  
1015 S. 50TH ST.  
TAMPA FL 33619

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 type for registered agent and agent not applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOLDENBERG, LEX H  
STREET ADDRESS 1015 S. 50TH ST.  
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE STD  
NAME GOLDENBERG, BETTY Y  
STREET ADDRESS 1015 S. 50TH ST.  
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE CD  
NAME GOLDENBERG, MARVIN  
STREET ADDRESS 1015 S. 50TH ST.  
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE D  
NAME GOLDENBERG, LANCE  
STREET ADDRESS 1015 S. 50TH ST.  
CITY-STATE-ZIP TAMPA FL 33619

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(g), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

1-813 247 6636

CR2E034 (3/96)