

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



DOCUMENT # **F95000005262 (9)**

1. Corporation Name

NATIONAL TRUCK PARTS OF FLORIDA, INC.

Principal Place of Business

**822 PONCE DELEON BLVD
BROOKSVILLE FL 34801**

Mailing Address

**822 PONCE DELEON BLVD
BROOKSVILLE FL 34801-1238**

3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report
01/26/1996

4. FEI Number
59-3337687

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 **1221 U.S. Hwy. 301 No.**

Suite, Apt. #, etc.

22 **TAMPA, FL**

City & State

23 **33619**

Zip

Country

2a. Mailing Address

26 **1221 U.S. Hwy. 301 No.**

Suite, Apt. #, etc.

27 **TAMPA, FL**

City & State

28 **33619**

Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HARDIN, DON M**
STREET ADDRESS **1925 N SHERIDAN RD**
CITY - ST - ZIP **TULSA OK 74115**

TITLE **D** ☐ DELETE
NAME **KLEIN, JOE**
STREET ADDRESS **1925 N SHERIDAN RD**
CITY - ST - ZIP **TULSA OK 74115**

TITLE **ST** ☐ DELETE
NAME **QUARLES, RODGER**
STREET ADDRESS **1925 N SHERIDAN RD**
CITY - ST - ZIP **TULSA OK 74115**

TITLE **S** ☐ DELETE
NAME **SEGNER, KARL**
STREET ADDRESS **1925 N SHERIDAN RD**
CITY - ST - ZIP **TULSA OK 74115**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE:

Rodger L. Quarles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97
Date

813-623-1531
Daytime Phone #

0442884

CR2E034 (9/96)