

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003137 (4)

1. Corporation Name
CENTRAL FLORIDA TRUCK & TRAILER SALES, INC.



Principal Place of Business 36472 US 19 N BLVD #1 PALM HARBOR FL 34684	Mailing Address 36472 US 19 N BLVD #1 PALM HARBOR FL 34684
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**REEDER, MATHEW C
3266 HAVILAND CT.
PALM HARBOR FL 34684**

81. Name Victoria D. Boccia	82. Street Address (P.O. Box Number is Not Acceptable) 36472 US 19 N. BDLG#1
83. City Palm Harbor	84. Zip Code FL 34684

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 **Victoria D. Boccia** DATE **3-26-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME POSTON, RAY		1.2 NAME Marlow, Robert L.	
STREET ADDRESS 5594 POSTON LANE		1.3 STREET ADDRESS 117 S. Main St. Ste. #101	
CITY-ST-ZIP COOKVILLE TN 38508		1.4 CITY-ST-ZIP Shelbyville, Tn. 37160	
TITLE VST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REEDER, MATHEW C		2.2 NAME Burgin, Blenda S.	
STREET ADDRESS 3266 HAVILAND CT., #101		2.3 STREET ADDRESS 36472 US 19 N Bdlg.#1	
CITY-ST-ZIP PALM HARBOR FL 34684		2.4 CITY-ST-ZIP Palm Harbor, FLA. 34684	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Boccia, Victoria D.	
STREET ADDRESS		3.3 STREET ADDRESS 711 Lemonwood Dr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Oldsmar, Fla. 34677	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Robert L. Marlow** DATE **03-26-97** (615)685-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)