

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F96412

(4)

1. Corporation Name

ALCO TRUCK RENTAL, INC.

Principal Place of Business

**4233 N JOHN YOUNG PARKWAY
P O BOX 7911
ORLANDO FL 32804-1936**

Mailing Address

**4233 N JOHN YOUNG PARKWAY
P O BOX 7911
ORLANDO FL 32804-1936**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1982

3a. Date of Last Report

08/19/1994

4. FBI Number

59-2212188

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JACOBS, MILTON
502 E. BRIDGERS AVE
AUBURNDALE FL 33823**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

BOSTICK, R. M

502 E. BRIDGERS AVE

AUBURNDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSTD

JACOBS, MILTON

502 E. BRIDGERS AVE

AUBURNDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BOSTICK, GUY

502 E. BRIDGERS AVE

AUBURNDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

EVP

FORDHAM, BILLY J

4233 JOHN YOUNG PARKWAY

ORLANDO FL 32804-1936

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VTD

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

S

Billy R. Ready

502 E. Bridgers Avenue

Auburndale, FL 33823

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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 and changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/20/95

(813) 967-1101

(Date)

(Telephone Number)