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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

LA BEL	LE AUTO AND TRUCK	C SUPPLY, IP									
Principal Plac	e of Business	Mail	Mailing Address					ı isbileb iliğ salılılanı éstil dâlil a		iti áláli salin iti	ALD DIRL IMPE
880 80 MAIN LA BELLE FL			860 SO MAIN ST LA BELLE FL 33935					DO NOT WRIT	E IN THIS	S SDACE	
}							}	3. Date Incorporated or Qualified		SFACE	
								07/31/1997			
2. Principal P	lace of Business	20.	Mailing Address					4. FEI Number			pplied For
21			26				- 1	65-0762454			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								Additional
22		27	27					5. Certificate of Status Desired			lequired
City & Stat	e		city & State					6. Election Campaign Financing		\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·	28						Trust Fund Contribution		Added	to Fees
Zip					Country			8. This corporation owes or has p			
24	25 9. Name and Address of	[29]	ad Agent	30				Personal Property Tax due Jun 10. Name and Address of New R			No
		Carrett Dediste	red Agent		81	Name		IU. Name and Address of New N	ogistered	Mgent	
	HARA, MICHAEL K										
) SO MAIN ST		[4			Street A	Address	(P.O. Box Number is Not Accepte	iple)	-	
LA	BELLE FL 33935				83						
)	•		84	City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections	07.0502 and 607	.1508, Florida Stati	utes, the	above	-named	corpora	tion submits this statement for the 's board of directors. I hereby acco			its registered
agent. I a	m fan jirir wijn, a <u>nd a</u> ccept th	e obligations of, \S	. Such change was Section 607.05 <mark>05,</mark> F	Florida S	zeo by Itatutes	ine corp	oration	s board or directors. I hereby acci	api ing ap	pointment as	; registered
SIGNATURE	1 Kuliston								1/22	98	
	Storature, proed or printed pame of regis					nt signature	required v	rhon reinstating)	DATE		
12.	PD	RS AND DIRECT	DELETE	1:		т		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	RS IN 12
TITLE	O'HARA, MICHAEL K				1.1 TITLE 1.2 NAME					C Change	L ADDITION
NAME OTOTEZ ADDOGOG	406 MAGNOLIA AVE					*DDDCCC					
STREET ADDRESS	LEHIGH ACRES FL 339	28		- 1	STREET	ł					
CITY-ST-ZIP TITLE	VD	30	DELETÉ		4 CITY-SI 1 TITLE	- ZIP			 	Change	Addition
-NAME	BARBEE, MICHAEL		C Section		2 NAME	l				C. C. C. G	
STREET ADDRESS	5188 CALDWIN TERRAC	YF.			STREET A	'DUBECC					
CiTY-ST-ZIP	MARIETTA GA 30068	/L		1	4 CITY - S	- 1					
TITLE	VD		DELETE		TITLE					Change	Addition
NAME	SUSOR, ROBERT J			3.2	2 NAME						
STREET ADDRESS	2999 CIRCLE 75 PARK	WAY		3.3	STREET	ADDAESS					
CITY-ST-ZIP	ATLANTA GA 30339			3.4	I. CITY-S	r-ZIP					
TITLE	SD		DELETE		TITLE					Change	Addition
NAME	BAKER, BRET K			4.	2 NAME						
STREET ADDRESS	14028 SHADY SHORES	DRIVE		4.3	STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33612			4.4	CITY-ST	-ZIP					
TITLE	TD		DELETE	51	TITLE					Change	Addition
NAME	ross, george d	•		5.2	NAME	f					
STREET ADDRESS	2003 SE 13TH TERRAC			5.3	STREET	ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33990	<u> </u>			CITY-ST	- ZIP					
TITLE	AS		DELETE		TITLE					Change	Addition
NAME	WEBB, BRAINARD T JR				NAME						
STREET ADDRESS	2009 CIRCLE 75TH PAR	RWAY			STREET	T.					į
CITY-ST-ZIP	ATLANTA GA 30339			6.4	CITY-ST	- ZIP					

14. I 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 amount 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.

1-13-98 94-675,0046

FILED

Jan 29 1998 8:00am

Secretary of State