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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004022

1. Corporation Name

LA BELLE AUTO AND TRUCK SUPPLY, INC.

Principal Place of Business

860 SO MAIN ST
LA BELLE FL 33935

Mailing Address

860 SO MAIN ST
LA BELLE FL 33935

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90030 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'HARA, MICHAEL K
860 SO MAIN ST
LA BELLE FL 33935

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'HARA, MICHAEL K
STREET ADDRESS 406 MAGNOLIA AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD
NAME BARBEE, MICHAEL
STREET ADDRESS 5188 CALDWIN TERRACE
CITY-ST-ZIP MARIETTA GA 30068

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD
NAME SUSOR, ROBERT J
STREET ADDRESS 2999 CIRCLE 75 PARKWAY
CITY-ST-ZIP ATLANTA GA 30339

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME BAKER, BRET K
STREET ADDRESS 14028 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33612

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD
NAME ROSS, GEORGE D
STREET ADDRESS 2003 SE 13TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

☐ DELETE

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

☐ Change ☐ Addition

TITLE AS
NAME WEBB, BRAINARD T JR
STREET ADDRESS 2999 CIRCLE 75TH PARKWAY
CITY-ST-ZIP ATLANTA GA 30339

☐ DELETE

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

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99

(941) 675-0046

CR2E034 (11/98)