

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *B-670-C*

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:36

DOCUMENT # H09120 (7)
1. Corporation Name
SUNCOAST TRUCK - EQUIPMENT & APPRAISAL SERVICES, INC.

Principal Place of Business Mailing Address
9406 US HWY 92E-111 9406 US HWY 92E-111
TAMPA FL 33610 TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/22/1984	08/11/1994
22 City & State		27 City & State		4. FEI Number	Applied For / Not Applicable
23 Zip		28 Zip		59-2754048	
24 Country		29 Country		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. 109.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NANZ, DUANE V 116 EUCLID LOOP SEFFNER FL 33584				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DUANE NANZ *[Signature]* 1/24/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	NANZ, DUANE V	1.2 NAME	ERNEST L. CARVER
STREET ADDRESS	116 EUCLID LOOP	1.3 STREET ADDRESS	5302 murlee St
CITY-ST-ZIP	SEFFNER FL 33584	1.4 CITY-ST-ZIP	SEFFNER, FLA 33584
TITLE	VD	2.1 TITLE	Vice President
NAME	NANZ, LINDA	2.2 NAME	Larry G. White
STREET ADDRESS	116 EUCLID LOOP	2.3 STREET ADDRESS	912 Hilltop Drive
CITY-ST-ZIP	SEFFNER FL 33584	2.4 CITY-ST-ZIP	Branford FLA 33511
TITLE	D	3.1 TITLE	CHM
NAME	NANZ, TRAVIS D	3.2 NAME	DUANE NANZ
STREET ADDRESS	9406 US HIGHWAY 92E	3.3 STREET ADDRESS	116 EUCLID LOOP
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	SEFFNER, FLA 33584
TITLE	D	4.1 TITLE	
NAME	NANZ, STACEY A	4.2 NAME	
STREET ADDRESS	P.O. BOX 2162 - N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33610	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JORDAN, VICKI	5.2 NAME	
STREET ADDRESS	4226 BRACKWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 if changed, or on an attachment with my initials.

SIGNATURE: *[Signature]* *[Signature]* 1/24/95 (803) 626-2661
(Signature Printed)