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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:52

DOCUMENT # H09461 (5)

1. Corporation Name

POWER-TRAC, INC.

Principal Place of Business

P.O. BOX 2100
DOVER FL 33527

Mailing Address

P.O. BOX 2100
DOVER FL 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1984

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2426749

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 7107 Stafford Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Dover, Fla.

28 City & State

29 City & State

24 Zip

33527

25 Country

USA

29 Zip

29 Zip

30 Country

30 Country

9. Name and Address of Current Registered Agent

HEYCK, JOSEPH G., JR.
BARNETT PLAZA STE 1240
101 E KENNEDY BLVD.
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 (underwriter)

8411 Registered Agent signature required after nomination

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HICKS, GERALD W.
STREET ADDRESS 7107 STAFFORD ROAD
CITY- ST- ZIP DOVER FL

TITLE V
NAME BOYNTON, JACK E.
STREET ADDRESS 4407 W. JEAN ST.
CITY- ST- ZIP TAMPA FL

TITLE TSD
NAME HICKS, CHARLOTTE J.
STREET ADDRESS 7107 STAFFORD ROAD
CITY- ST- ZIP DOVER FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 199.03(1)(b), 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 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE J. Hicks

2-21-95

513-456-4081