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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90068 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H19753

1. Corporation Name

STATE WIDE TRUCKS AND EQUIPMENT, INC.



Principal Place of Business

7595 NW CTY HWY 25A
P.O. BOX 10372
OCALA FL 32675
US

Mailing Address

P O BOX 1237
P.O. BOX 10372
ANTHONY FL 32617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1984

4. FEI Number

59-2442639

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7495 NW County Hwy 25A

2a. Mailing Address

26 P.O. Box 1237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7495 NW County Hwy 25A

27

City & State

City & State

23 Ocala, Florida

28 Anthony, FL 32617-1237

Zip Country

Zip Country

24 32675-1237 25 USA

29 32617-1237 30 USA

9. Name and Address of Current Registered Agent

**HUETCHER, A.W.
7472 GROVE RD.
BROOKSVILLE FL 32613**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7495 NW County Hwy 25A

83

84 City
Ocala, FL

85 Zip Code
FL 32675

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

TITLE **PTD** ☐ DELETE
NAME **HUETCHER, A.W.**
STREET ADDRESS **7472 GROVE RD.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**7495 NW County Hwy 25A
Ocala, Florida 32675**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: **Alvin W. Huetcher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (904) 754-5241
Date Daytime Phone #

CR2E034 (11/98)