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

PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H31830 DOCUMENT #

(3)

TRUCK & TRAILER LEASING, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 (00)011 0100 11101 11007 10100 11111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O MARION	M. SIZEMORE	C/O MARION M. SIZEMORE							
702 MARKET AVENUE		702 MARKET AVENUE				DO NOT HIDITE IN THIS COACE			
FT. PIERCE FL 34982-6644		FT. PIERCE FL 34982-6644			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						11/29/1984			
2. Principal Pla	ace of Business	2a. Mailing Address		•	4	. FEI Number			plied For
21		26				59-2479828		_	t Applicable
Sulte, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	I
22		27							
City & State		City & State	<u> </u>			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23 Zip	Country	28 Zin	Zip Country			Trust Fund Contribution B. This corporation owes or has a			
	25	29	30			Personal Property Tax due Jur			No
24	9. Name and Address of Curren		[30]		10	O. Name and Address of New F			
SIZ	EMORE, MARION M.			B1 Nam	0	<u> </u>			
	S, MARKET AVE.		-	00 00		(D.O. Day Number in Not Asset	abla)		
	PIERCE FL 34982		ľ	82 Stree	a Address (dress (P.O. Box Number is Not Acceptable)			
			[-	83					
			ŀ	84 City			FL	85 Zip (Code
44 5	o the provisions of Sections 607.050	2 and CO7 1EQC Clorida Status	too the ab	ove name	nd corporati	ion submite this statement for the		hanging it	s registered
office or re	anistered agent or both in the State	of Florida, Such change was	authorized	by the co	orporation's	board of directors. I hereby acc	ept the appoir	ntment as	registered
-	m lamiliar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statt	nes.					
SIGNATURE	Signature, typed or printed name of registered age	of and tide if applicable (NO	F flegislered	Agent signati	ure required wh	nen reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF		_	
TITLE	DP .	DELETE	1.1 TIT	LF.			L	Change	Addition
NAME	SIZEMORE, MARION M.		1.2 NA	M€.					
STREET ADDRESS			1 3 STF	EET ADDRESS	s				
CITY-ST-ZIP	FT. PIERCE FL		1.4 00	Y-ST-ZIP				7	
TITLE	ST	☐ DELETE	2.1 TH	_E			L	Change	Addition
NAME	SIZEMORE, RUTH M.		2.2 NA	MF					
STREET ADDRESS	702 S. MARKET AVE.		2 3 ST	REET ADDRESS	s				
CITY-ST-ZIP	FT. PIERCE FL			Y-ST-ZIP			——— —	100	4.4400
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NAME			3.2 NA						
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NAME			4. 2 NA						
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NAME			5.2 NA		ا				
STREET ADORESS				reet addres:	⁸				
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP				Change	Addition
TITLE		f Drieig	61 TIŢ				_	:	
NAME			62 NA						
STREET ADDRESS				reet addres	3				
CITY-ST-ZIP			6 4 CH	Y-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 suppliemental 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.