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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

MUNDAY TRUCK SALES AND SERVICE, INC.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



8161 HIGHWAY 33 N. LAKELAND FL 33809			8161 HIGHWAY 33 N. LAKELAND FL 33809			DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualified 12/02/1985	0 01 7101	
	lace of Business	├ ─¬ ~	2a. Mailing Address			4. FEI Number	-	Applied For
Sulte, Apt.	# etc	26 Suite 4	pt. #, etc.			59-2616388	60.	Not Applicable
22	w, 6tc.	27	μι. ν, οις .			5. Certificate of Status Desired		75 Additional e Required
City & State	0	City & S	State			6. Election Campaign Financing	\$5.	00 May Be
23	- , , -	28				Trust Fund Contribution	Add	ded to Fees
Zip 24	25 Country	y Zip 29	30	ountry	<i>†</i>	 This corporation owes or has paid the operation of the personal Property Tax due June 30. 	urrent yea Yes	r Intangible
		ss of Current Registered Ac	jent			10. Name and Address of New Registers	d Agent	
	ROSBY, SAMUEL G.	··		81	Name			
	0 East Lemon Stri D Floor	EET		82	Street Ada	dress (P.O. Box Number is Not Acceptable)		
LA	KELAND FL 33802-81	169		83				·
				84	City	F	85	Zip Code
office or re	egi ste red agent, or both	ions 607.0502 and 607.1508, i, in the State of Florida. Such ept the obligations of, Section	change was authori.	zed b	v the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changi opointmen	ng its registered t as registered
SIGNATURE	Signature, typed or printed hank	of registered agent and title if applicable	(NOTE Regist	ered Ag	ent signature req	julified when reinstating) DATE	 	
12.	0	FFICERS AND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	MUNDAY, DENNIS	; ? T		TITLE			☐ Char	ige Addition
NAME	130 E. BELVEDER			2 NAME				
STREET ADDRESS	LAKELAND FL 33				ADDRESS			
CITY-ST-ZIP TITLE				CITY-S	51-2IP		☐ Char	nge Addition
NAME		•		NAME				
STREET ADDRESS			2.3	STREET	ADDRESS	·		
CITY-ST-ZIP			2.	4 CITY -	ST-ZIP			
TITLE	-		DELETE 3.1	TITLE			Char	ge 🔲 Addition
NAME			3.2	NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			T	CITY-	ST-ZIP		T1 6	an Addition
TITLE NAME		l		TITLE 2 NAME	ľ		L Char	ige [] Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
TITLE				TITLE			☐ Char	ge Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY - S				
TITLE				TITLE			☐ Chan	ge Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-7IP	1		6.4	CITY_C	מול ד			

14. 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.