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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93596 (5)

1. Corporation Name

TRAILERS AND PARTS DEPOT, INC.

Principal Place of Business

6805 ADAMO DRIVE
TAMPA FL 33619

Mailing Address

6805 ADAMO DRIVE
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/09/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 8504-A ADAMO DR

2a. Mailing Address

26 1020 S. 86TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2625213

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

City & State

23 TAMPA FL

City & State

28 TAMPA, FL

Zip

Country

25 USA

Zip

Country

30 USA

24 33619

29 33619

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFANO, BENJAMIN J.
1020 S. 86TH ST.
TAMPA FL 33619

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROBERTS JR., RONALD E.
STREET ADDRESS 1285 MOONDALE CT.
CITY - ST - ZIP VALRICO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2621 ALRESTFIELD DR
1.4 CITY - ST - ZIP VALRICO, FL 33594

TITLE D
NAME ROBERTS, RONALD E.
STREET ADDRESS 1020 S 86TH ST.
CITY - ST - ZIP TAMPA FL

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

TITLE ST
NAME ALFANO, BENJAMIN J.
STREET ADDRESS 1508-B SO. HOWARD AVE.
CITY - ST - ZIP TAMPA FL

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

TITLE D
NAME ROBERTS, JUANITA
STREET ADDRESS 1020 S. 86TH ST.
CITY - ST - ZIP TAMPA FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(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 appointed 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 affidavit.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Day/Mo/Yr)