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**Jan 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H94184 (9)

1. Corporation Name
WHOLESALE TRUCKS, INC.



Principal Place of Business
**6286 PHILLIPS HWY.
JACKSONVILLE FL 32216**

Mailing Address
**6286 PHILLIPS HWY.
JACKSONVILLE FL 32216-0048**

3. Date Incorporated or Qualified
01/10/1986

3a. Date of Last Report
02/20/1996

4. FEI Number
59-2621214

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 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 [] []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] []

9. Name and Address of Current Registered Agent
**HOLBROOK, H. LEON
ONE INDEPENDENT DR.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

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

83 []

84 City **FL** [] Zip Code **85**

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 _____ DATE _____
Signature typed or printed name of signor, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **DP GOYKE, JOHN H.**

STREET ADDRESS **6286 PHILLIPS HWY.**

CITY - ST - ZIP **JACKSONVILLE FL**

TITLE [] DELETE

NAME **D GOYKE, MICHAEL R.**

STREET ADDRESS **6286 PHILLIPS HWY.**

CITY - ST - ZIP **JACKSONVILLE FL**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE [] DELETE

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 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.

SIGNATURE: *J. Goyke* **1-9-97** **(904) 733-5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)