2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J43410

1. Entity Name

T-N-T AUTO WHOLESALE, INC.



Principal Place of Business Mail

860 S.E. 28TH AVE. OCALA, FL 32671 Mailing Address

860 S.E. 28TH AVE. OCALA, FL 32671

FILED Feb 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

FEI Number
 59-2734469

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FULFORD, TILLMAN 860 S.E. 28TH AVE. OCALA, FL. 32671

DO NOT WRITE IN THIS SPACE

OOALA, I I	. 32077	į		IN 7	THIS SPACE
	named entity submits this statement for the p lions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000067224 02/26/04-80047-020 150.00
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FULFORD, TILLMAN L. 860 S.E. 28TH AVE. OCALA, FL				
TITLE	DST FULFORD, TAUNA				
NAME					
STREET ADDRESS CITY-ST-ZIP	860 SE 28TH AVENUE OCALA, FL				
TITLE					
NAME					
STREET ADDRESS City-St-Zip				DO	NOT WRITE
TITLE				IN "	THIS SPACE
NAME Street address					
CITY-ST-ZIP					
TITLE					·
NAME STREET ADDRESS					
CITY-ST-ZIP					
ritti E					

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-24-04 (302868-6920