FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

OCUMENT Corporation Name	#	J67592	

TRUCK AND CAR INC.

Principal Place of Business 1851 BLANDING BLVD. MIDDLEBURG FL 32068

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

C/O DAVID A KING. ATTORNEY 1416 KINGSLEY AVE. **ORANGE PARK FL 32073**



KING, DAVID A. ATTORNEY AT LAW 1416 KINGSLEY AVE. **ORANGE PARK FL 32073**

	10. Name and Address of New Regist	ared M	gent	
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.

Country

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VE	DUFEK, WILLIAM		1.3 STREET ADDRESS			
REET ADDRESS	1549 BARKWAY COURT		1,4 CITY - ST - ZIP			T Addition
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TREET ADDRESS	y certify that the information supplied with this f					

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furner 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 carti; 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 Elock 12 or Block 13 if chapter 50 or an attachment with an address.

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date