

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

FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67592 (2)
1. Corporation Name
TRUCK AND CAR INC.



Principal Place of Business 1851 BLANDING BLVD. MIDDLEBURG FL 32068 US	Mailing Address 1851 BLANDING BLVD MIDDLEBURG FL 32068 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3816 WOODMERE LN Suite, Apt. #, etc. 22 City & State 23 MIDDLEBURG FL 24 Zip 32068 25 Country USA		2a. Mailing Address 26 3816 WOODMERE LN Suite, Apt. #, etc. 27 City & State 28 MIDDLEBURG FL 29 Zip 32068 30 Country USA		3. Date Incorporated or Qualified 04/16/1987	
4. FEI Number 59-2793374		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent DUFKE, WILLIAM T. 1851 BLANDING BLVD MIDDLEBURG FL 32068		10. Name and Address of New Registered Agent 81 Name DUFKE, WILLIAM T. 82 Street Address (P.O. Box Number is Not Acceptable) 3816 WOODMERE LN 83 84 City MIDDLEBURG FL 85 Zip Code 32068	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	DUFKE, WILLIAM	1.2 NAME	DUFKE, WILLIAM T.
STREET ADDRESS	1549 BARKWAY COURT	1.3 STREET ADDRESS	3816 WOODMERE LN
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	VSD	2.1 TITLE	VSD
NAME	DUFKE, CAROL W.	2.2 NAME	DUFKE, CAROL W.
STREET ADDRESS	1549 BARKWAY COURT	2.3 STREET ADDRESS	3816 WOODMERE LN
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Carol W. Dufke 1-9-98 904-252-5555

CR2E034 (10/97)