

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K48383 (9)

1. Corporation Name

COUNTRYWIDE TRUCK INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

11844 'O' STREET
OMAHA NE 68137

1450-C ENEA CIR.
STE. 500
CONCORD CA 94520

3. Date Incorporated or Qualified
11/30/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0087930

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRESCIO, JOSEPH P.
100 RIALTO PLACE
SUITE 600
MELBOURNE FL 32901

81 Name

Eva M. Mowry

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

100 Rialto Place

83

Suite 600

84

City

Melbourne

FL

85

Zip Code

32901

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

Eva M. Mowry

Eva M. Mowry

6/7/96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
FULKERSON, DAVID L.
11844 'O' STREET
OMAHA NE 68137

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
RICCI, BRUCE A.
1450-C ENEA CIRCLE, #500
CONCORD CA 68137

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
HAMPTON, DEBRA D.
11844 'O' STREET
OMAHA NE 68137

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
GARRISON, JULIE A.
1450-C ENEA CIR., #500
CONCORD CA 94520

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
BOLER, RICHARD J.
11844 'O' STREET
OMAHA NE 68137

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S/V/D

Concord, CA 94520

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce A. Ricci

Bruce A. Ricci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

DATE

(510) 680-8630

TELEPHONE NUMBER

CR2E034 (3/96)