FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19575** **(4)**

1. Corporation Name
SOUTHEASTERN TRUCK TOPS, INC.

Principal Place of Business	Mailing Address
5491 RIDGEWOOD AVE PORT ORANGE FL 32127-5627	5491 RIDGEWOOD AVE PORT ORANGE FL 32127-5627

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2975134** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMB, TREVOR V.
4393 RIDGEWOOD AVE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: Clinton D. Varnadore
82 Street Address (P.O. Box Number is Not Acceptable): 5735 Sweetwater Blvd.
83
84 City: Port Orange FL 85 Zip Code: 32127

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: Clinton D. Varnadore (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: April 27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VARNADORE, BILLIE	12 NAME	
STREET ADDRESS	1940 BOTREE CT	13 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VARNADORE, CLINTON D	22 NAME	
STREET ADDRESS	5735 SWEETWATER BLVD	23 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	VARNADORE, SHARON	32 NAME	
STREET ADDRESS	1940 BOTREE CT	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(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: Sharon Varnadore Sharon Varnadore April 27/95 904-761-6002
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

000003 CP