

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90095 012 \*\*\*150.00

DOCUMENT # L34043

1. Corporation Name

RAPID WAYS TRUCK LEASING OF FLORIDA, INC.

Principal Place of Business

5337 SW 1ST LANE  
OCALA FL 34474  
US

Mailing Address

5337 SW 1ST LANE  
OCALA FL 34474  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1989

4. FEI Number

36-3676667

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME O'DELL, ERVIN  
STREET ADDRESS 17 SARANAC DR.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DT ☐ DELETE

NAME O'DELL, JANE  
STREET ADDRESS 17 SARANAC DR.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VS ☐ DELETE

NAME POWNELL, DALTON  
STREET ADDRESS 3056 N.W. 50TH COURT  
CITY-ST-ZIP OCALA FL 34482

TITLE DV ☐ DELETE

NAME O'DELL, MARK  
STREET ADDRESS 13107 HIGHWAY 33  
CITY-ST-ZIP KEARNEY MO 64060

TITLE DV ☐ DELETE

NAME WESTFALL, BILLY  
STREET ADDRESS R.F.D. 2  
CITY-ST-ZIP LIBERTY MO 64068

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK O'DELL

Date

1-22-99

Daytime Phone #

816-455-7262

0489901

CR2E034 (11/98)