


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 040 ***150.00

DOCUMENT # L34043 1. Entity Name RAPID WAYS TRUCK LEASING OF FLORIDA, INC.					
Principal Place of Business 5337 SW 1ST LANE OCALA, FL 34474 US			Mailing Address BOX 418050 KANSAS CITY, MO 64141 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3676667	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NELSON, KIMI 13419 33 HWY KEARNEY, MO 64060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Kimi Nelson 13419 33 HWY Kearney, MO 64060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'DELL, JANE 17 SARANAC DR. FT. LAUDERDALE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWNELL, DALTON 3056 N.W. 50TH COURT OCALA, FL 34482 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD O'DELL, MARK 13107 HIGHWAY 33 KEARNEY, MO 64060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST WESTFALL, BILLY 1429 WOODBERRY DR. LIBERTY, MO 64068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST Billy Westfall 1429 Woodberry Dr Liberty, MO 64068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MIKE 14817 LAKE POINT CT KEARNEY, MO 64060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-26-08 Daytime Phone # 816-459-3189		

40037961



02262008 Chg-P CR2E034 (12/06)

4. FEI Number
36-3676667

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NELSON, KIMI 13419 33 HWY KEARNEY, MO 64060 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-26-08** Daytime Phone # **816-459-3189**

ATTACHMENT

40037961

RAPID WAYS TRUCK LEASING OF FLORIDA, INC. # L34043 BOARD OF DIRECTORS & SLATE OF OFFICERS

Director	Jane O'Dell 17 Saranac Dr., Ft. Lauderdale, FL 33308
Director	Mark O'Dell 13107 HWY 33, Kearney, MO 64060
Director	William P. Westfall 1429 Woodberry Dr., Liberty, MO 64068
Director	Kimi Nelson 13419 33 HWY, Kearney, MO 64060
Director	David Wood 716 Westwoods Dr., Liberty, MO 64068
Director	Michael Westfall 26214 NE 188 TH , Kearney, MO 64060
Director	Garrett Westfall 12615 Summersette Rd., Liberty, 64068
President	Jane O'Dell 17 Saranac Dr., Ft. Lauderdale, FL 33308
Exec. Vice Pres. & Secretary	Mark O'Dell 13107 HWY 33, Kearney, MO 64060
Exec. Vice Pres. & Asst. Sec & Treasurer	William P. Westfall 1429 Woodberry Dr., Liberty, MO 64068
Vice President	Dalton Pownell 3056 NW 50 th Court, Ocala, FL 33308
Executive Vice President	Kimi Nelson 13419 33 HWY, Kearney, MO 64060
Executive Vice President & Treasurer	David Wood 716 Westwoods Dr., Liberty, MO 64068
Vice President	Michael Westfall 26214 NE 188 TH , Kearney, MO 64060
Vice President	Mike Miller 14817 Lake Point Ct, Kearney, MO 64060