SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED
AND
FILED

95 MAY -1 PM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
~~1993~~ / 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # L89330 (9)
PR0151802

C & D HEAVY TRUCK & EQUIPMENT REPAIRS, INC.
2725 S. COMBEE DRIVE
LAKELAND FL 33803

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1990
3a. Date of Last Report: ~~04/16/1992~~ 1994

FILING FEE $225.00 | Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: ~~59-0000000~~ 59-3143857 | Applied For | Not Applicable

2. Mailing Address (21)
2a. Principal Place of Business (26): 2725 S. COMBEE DRIVE
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): LAKELAND FL
Zip (24) Country (25)
Zip (29): 33803 Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Copy Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWIESON, COLIN A.
2725 S. COMBEE ROAD
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D HOWIESON, COLIN A. 5146 MARTINIQUE DR LAKELAND FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	800001481558 05/09/95--01128--011 ****200.00 ****200.00
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	D HOWIESON, DIANE C. 5146 MARTINIQUE DR LAKELAND FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	TS 5/8/95

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 above, or on an attachment with an address.

SIGNATURE: Colin Howieson 4-27-95 813 966 1293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #