	PLEASE READ PLICATION FOR STATEMENT	FLORIDA	TRUCTIONS A DEPARTMEN Katherine Hai Secretary of St	IT OF STATE rris tate	OMPLETI	ING THIS FORM.	
DOCUMENT # P0000053317 Corporation Name PALM HARBOR TRUCK & AUTO, INC.					FILED O1 NOV 13 PH 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
3713 A ALT. 19 NORTH 3713		3713 A ALT.	vialling Address 3713 A ALT. 19 NORTH PALM HARBOR FL 34683		TALLAHASSEE, FLORIDA		
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New Ma Suite, Apt. #, etc. Suite, Apt. # City & State City & State			ing Office Address, If Applicable 4. 4, etc. 5.		Date Incorport To Do Busin FEI Number	orated or Qualified less in Florida 05/24/2000 Applied For Not Applicable	
Zip Country		Zip Country			6. CERTIFICATE OF STATUS DESIRED V S8.75 Additional Fee required for a Certificate of Status		
Title(s)	d Street Addresses of Each Officer and/or Director (Florida nonprofit co Name of Officers and/or Directors 3		Stre Offi	reet Address of Each fflicer and/or Director 4		City / State / Zip	
D D	GALLAGHER, JOHN M PRESTON, ADRIAN		3713 A ALT. 19 NORTH 3713 A ALT. 19 NORTH			PALM HARBOR FL 34683 PALM HARBOR FL 34683	
•					200	00047060627` -12/05/0101053020 ****158.75 ****158.75	
	8. Name and Address of Current f	Registered Age	ent	Name	9. Name and A	Address of New Registered Agent is Not Acceptable)	
GALLAGHER, JOHN M 3713 A ALT. 19 NORTH PALM HARBOR FL 34683			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
0. 1, being lignature of legistered A	Agent	M.	oration, am familiar with	th and accept the ob	ligations of Section		
this reins	statement application, the reason for disso	lution has been ames of individ	eliminated, the corpo luals listed on this form	rate name satisfies t m do not qualify for a	he requirements in exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	My 2	Officer or D	DIRECTOR	/	M W 11-5-01 727-939-0775 Date Daylime Phone #	

SIGNATURE:

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Palm Harbor Truck & Auto

3713 A Alt. 19 N. Palm Harbor, FL 34683 727-939-0775

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Department of State
Divison of Corporation
P.O. Box 6327
Tallahassee, FI 32314

To whom it may concern:

We are a relatively new corporation, struggling in these uncertain times of recession, to financially keep our heads above water. This summer, much of administrationpaper work has fallen behind, because I John M. Gallagher, President, whom accepts full responsibility for this mis-step, had a heart attack and the birth of our first child which kept me away from the day to day operations of filing much of our paper work in a timely fashion. I can prove all this with medical records if needed. On our behalf, i woul like to point out that we always havefiled our state sales taxes on time, paid in full, as well as our federal tax. I furthermores, would ask that if you check our records of violation for any of these codes you will find no violations. I am asking for mercy in this understanding andthat in lite of the financial struggles we are fighting to keep this business going and continue to be a productive tax generating entity, that you please waive the penalties and reincorporate us for the \$150 fee. I called you office regarding this matter recently and spoke with a Michelle Millisa (I hope I have the spelling right) and she explaind that this is the procedure we should follow. Again, I appologize for not getting this original notice, which I never saw due to medical reasons and promise we will pay our yearly registration fees on time for now on.

Sincerely,

President Palm Harbor Truck & Auto