FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P01000035074 Secretary of State DOCUMENT # 1. Entity Name 02-05-2002 90149 016 ***150 00 TRUCK ACCESSORIES OF MID-FLORIDA, INC. Mailing Address Principal Place of Business 1051 CENTRAL PARK DR. 1051 CENTRAL PARK DR. SANFORD FL 32771 . SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 710930 Not Applicable Country \$8.75 Additional Zip. Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRISON, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 1413 TROVILLION AVE. WINTER PARK FL 32789 City Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STICKELS, BRUCE T STREET ADDRESS 212 BRANDY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENTERPRISE FL 32725** Change ☐ Addition TITLE Delete TITLE NAME NAME CRABBS, STEVEN D STREET ADDRESS STREET ADDRESS 647 MEADOWBROOK DR. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL. 32708 Change ☐ Addition Delete TITLE TITLE NAME NAME BRADY, TERRY M STREET ADDRESS STREET ADDRESS 814 SILK OAK TERRACE CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition ☐ Delete TITLE TITLE n NAME HATTON, ERNEST A STREET ADDRESS 2717 TETON STONE RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KROL, ALAN S NAME NAME STREET ADDRESS 824 WEST CHARING CROSS CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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 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 11 or Block 12 if changed, or on an attachment with an appears, with all other like empowered.