2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000158721 03-22-2005 90012 002 ***150.00 SOUTHERN TRUCK SALES, INC. Principal Place of Business Mailing Address 1927 E WASHINGTON ST 1927 E WASHINGTON ST 50030083 MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business 3. Mailing Address 4991 GLENC P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 CR2E034 (10/03) 4. FEI Number 41-2158355 City & State Applied For ALLAHASSEE NTICELLO Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASSETT, WILMER WIII Street Address (P.O. Box Number is Not Acceptable) 1927 E WASHINGTON ST MONTICELLO, FL 32344 Zip Code 32309 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the State of Florida. I am familiar with, and accept the obligations of registered agent. BASSETT H Signature, typed or printed name of registered agent and title if applicable. DATE 经验证 性性的 温度 多种学性 **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII, FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 1 11. Change TITLE ☐ Delete TITLE NAME BASSETT, WILMER WIII NAME 4991 GLEN CASTLE DR TALLAHASSER, FL 32309 STREET ADDRESS 1927 E WASHINGTON ST STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete NAME BASSETT, DONNA W NAME 1927 E WASHINGTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like expressed. changed, or on an attachment with an address, with all other like WILMER W. BA

FILED

Mar 22, 2005 8:00 am