FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11637

(6)

HENSON TRUCK SALES, INC.

FILED

Apr 11 1997 8:00am

Secretary of State

Pancipal Place of Business	Mailing Address	. 1991 1991 1991 1992 1994 9 469 1994 1994 1994 1994 1994 1994 1
112 STUMPFIELD RD	412 STUMPFIELD RD	

			•		3. Date Incorporated or Qual	lified 3a. Date o	l Last Rer	oort
					10/01/1986	04/18/	1996	
2. Principal Pl	lace of Business 7 No. Pala Pox St #. etc.	2a. Mailing Address			4. FEI Number			lied For
21 6207	No. PALATOX ST	4 26 SAME			63-0515180		Not	Applicable
Suite. Apt	#. otc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗅 \$	8.75 Ad Fee Req	-
City & State	(:	City & State			6. Election Campaign Finance	ing	\$5.00 M	lay Be
23 PEN	SACOLA, Fl.	28			Trust Fund Contribution		Added to	
1000	~ ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	Zip	Cour	ntry	B. This corporation has liabili	, ·		99.032,
24 521	03 25	29	30		Florida Statutes	☐ Yes ☐ N		
	9. Name and Address of Current	Registered Agent		27 11	10. Name and Address of No	w Registered Age	<u>nt</u>	
	ISON, CHARLES RALPH			81 Name		*		
	STUMPFIELD RD		Į.	82 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
PEN	ISACOLA FL 32503		-					
				83				
				B4 City		FL B!	5 Zip Co	ode
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State in the familiar with, and accept the obliga	and 607 1508, Florida Statu	ites, the ab	ove-named cor	rporation submits this statement to	r the purpose of cha	inging its	registered
ageat Lar	egistered agent, or boun. In the State in familiar with, and accept the obligation	of Flanda, Such change was tions of, Section 607.0505, F	lorida Statu	r by the corpora ites.	ation's board or directors. I hereby	accept me appoint	THEFTH AS TH	gistered
SIGNATURE	Equation import or procedure not of ray stoned again	t and title if applicable (NO	TE: Registered	Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIF	RECTORS	IN 12
Till.F	PD	☐ DELETE	1 1 111	LE			Change	Addition Addition
NAME	HENSON, CHARLES RALPH		1 2 NAI	ME				
SPREET AUDIESS	5340 STILES LANE		1.3 STF	IEET ADDRESS	•			
City St 77	PACE FL		1.4 CIT	Y~ST-ZIP				
I-ILI	STD	☐ DELETE	2.1 717	LE			Change	Add:tion
NAME	HENSON, MARTI E.		2.2 NA	ME				
SUBLITABLIBESS	5340 STILES LANE		2.3 STF	REET ADDRESS				
CHY-ST ZIP	PACE FL		2, 4 Cl	ry-st-zip				
TELE		☐ DELETE	3.1 111	LE		. []	Change	Addition
NAM:			3.2 NA	ME .				
STREET ADDRESS			3.3 STF	IEET ADDRESS				
CIT ST ZP			3.4. CI	1Y-S1-ZIP				
71:1E		☐ DELETE	4.1 TiT	LE T			Change	Addition
N2M3			4. 2 NA	ME				
STREET ADECUSES			4.3 STF	REET ADDRESS				
City-St-Ze			4.4 CIT	Y-ST-ZIP				
Til.£		☐ DEL€TE	5.1 TIT	LE			Change	Addition
NAME :			5 2 NAI	ME [
STREET AUDRESS			53 578	HEET ADDRESS				
CITY 51-7e*			5.4 C/T	Y-ST-ZIP				
1001		DELETE	6 1 TIT				Change	Addition
NAMI			6.2 NA				•	
STREET ASORESS				REET ADDRESS				
				Y · ST · ZIP				
CHY-ST ZE	l		6.4 UII	1.91.7IL				

14. I do 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 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; that I am or 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 annuals in the 2 to reflect 13 if changed or on an attachment with an address.

SIGNATURE: Phylogene The Company of SIGNING OFFICER OF DIRECTOR HENSON 4-7-97 477-004