

FJLE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23392 (4)

1. Corporation Name

ENTERPRISE FLEETS INC.



Principal Place of Business

Mailing Address

0/0 XXXXX XXXXX
000 CORPORATE PARK DR
ST LOUIS MO 63105
US

XX XXXXX XXX
ST LOUIS MO 63105
US

2. Principal Place of Business

2a. Mailing Address

21 700 Corporate Park Dr
Suite, Apt. #, etc.

26 c/o John T. O'Connell
Suite, Apt. #, etc.

22 St. Louis, MO

27 700 Corporate Park Drive
St. Louis, MO

23 Zip 63105 Country

28 Zip 63105 Country

3. Date Incorporated or Qualified
03/14/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

43-0819397

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAVIK, DENNIS W
3909 W. HILLSBOROUGH
TAMPA FL 33614**

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, 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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ANDREW C.	
STREET ADDRESS	1147 LOG CABIN LANE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD V.	
STREET ADDRESS	7948 PARK DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	X	<input checked="" type="checkbox"/> DELETE
NAME	X	
STREET ADDRESS	X	
CITY-ST-ZIP	X	
TITLE	D	<input type="checkbox"/> DELETE
NAME	X	
STREET ADDRESS	X	
CITY-ST-ZIP	X	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEHNKE, ERNEST C.	
STREET ADDRESS	12845 TOPPING ROAD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	X	<input checked="" type="checkbox"/> DELETE
NAME	X	
STREET ADDRESS	X	
CITY-ST-ZIP	X	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VDS
3.3 STREET ADDRESS	O'Connell, John T.
3.4 CITY-ST-ZIP	524 Fox Ridge Road St. Louis, MO 63131
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Ross, Donald L.
4.4 CITY-ST-ZIP	49 Muirfield St. Louis, MO 63141
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	McKenney, Jerry R.
6.4 CITY-ST-ZIP	3208 Old Hiway 100 Villa Ridge, MO 63089

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

314-512-5000

Daytime Phone #

CR2E034 (12/95)

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**ATTACHMENT TO 1996 CORPORATION ANNUAL REPORT - STATE OF FLORIDA
ENTERPRISE FLEETS INC. (FEIN 43-0819397)**

12. Additional Officers

7.1 AV
7.2 Atkinson, John T.
7.3 6314 Washington Avenue
7.4 St. Louis, MO 63130

8.1 AS
8.2 Lortz, William C.
8.3 2 Oakleigh Lane
8.4 St. Louis, MO 63124

9.1 AS
9.2 Huelsing, Diane M.
9.3 6430 Gramond Drive
9.4 St. Louis, MO 63123