

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P24708** (0)

1. Corporation Name

O/O TRUCK SALES, INC.



Principal Place of Business

**16000 COMMERCE PARKWAY
MT. LAUREL NJ 08054**

Mailing Address

**16000 COMMERCE PARKWAY
MT. LAUREL NJ 08054**

3. Date Incorporated or Qualified
06/06/1989

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
23-2334704

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 of type or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTER, M. MCNEIL	
STREET ADDRESS	200 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BUSHER, JOHN R.	
STREET ADDRESS	200 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEN, ROBERT V.	
STREET ADDRESS	200 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAVALIERO, FRANK J.	
STREET ADDRESS	16000 COMMERCE PKWY.	
CITY - ST - ZIP	MT. LAUREL NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARVEY, BRENDA K.	
STREET ADDRESS	200 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIEST, JOHN W	
STREET ADDRESS	301 W. BAY STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Porter, M. McNeil	
1.3 STREET ADDRESS	301 West Bay St.	
1.4 CITY - ST - ZIP	Jacksonville, FL 32202	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allen, Robert V.	
3.3 STREET ADDRESS	301 West Bay St.	
3.4 CITY - ST - ZIP	Jacksonville, FL 32202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)