

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008682 (6)

1. Corporation Name

SPECIALIZED TRUCK SERVICES, INC.

Principal Place of Business

17139 S.W. 17TH CIRCLE
OCALA FL 34473

Mailing Address

17139 S.W. 17TH CIRCLE
OCALA FL 34473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

06/30/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3151794

Applied For

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

RICHARD, JAMES L
808 S.E. FORT KING ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

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 (last or legal name of registered agent and title, if applicable)

(if not Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PST
STILP, EDWARD J
17139 SW 17TH CT.
OCALA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

Change

Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

Change

Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

Change

Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

Change

Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

Change

Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Change

Addition

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)(b), 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:

EDWARD J STILP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-95

(904) 347-2120

CR2E034 (3/95)