

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009062 (9)

1. Corporation Name

SEMINOLE TRUCK & R.V. SERVICE, INC.



Principal Place of Business

1624 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303

Mailing Address

1624 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified
02/05/1993

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 817 APPELYARD DRIVE

26 817 APPELYARD DRIVE

4. FEI Number

59-3161486

Applied For

Not Applicable

22 XXXXXXXXXXXXX 32304

23 32304 TALLAHASSEE, FL.

27 Suite, Apt. #, etc.
28 TALLAHASSEE, FL

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

24 32304

25 LEON

29 32304

30 LEON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, EUGENE T
1624 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303

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 EUGENE T. GOODMAN

Signature, typed or printed name of registered agent and how it applies.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GOODMAN, EUGENE T
STREET ADDRESS 1624 CAPITAL CIRCLE NW
CITY - ST - ZIP TALLAHASSEE FL 32303

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME GOODMAN, BETTY
STREET ADDRESS 1624 CAPITAL CIRCLE NW
CITY - ST - ZIP TALLAHASSEE FL 32303

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 #

2/23/96 (904) 574-6072
574-6072

CR2E034 (12/95)