**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

**FILED**
97 JUL 31 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009062

Amended

1. Corporation Name
SEMINOLE TRUCK & R.V. SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 817 APPLEYARD DRIVE<br>TALLAHASSEE, FL 32304 | |

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: JAN. 97

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 59-3161486 ☐ 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 |
|---|---|
| EUGENE T GOODMAN<br>1624 Capital Circle NW<br>Tallahassee, FL 32303 | 81 Name: JAMES L. DOVE Jr.<br>82 Street Address (P.O. Box Number is Not Acceptable): 2074 Thomasville Road<br>83<br>84 City: Tallahassee FL 85 Zip Code: 32312 |

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: X James L Dove 7-31-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND/OR DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ DELETE<br>President<br>EUGENE T GOODMAN<br>1624 Capital Circle NW<br>Tallahassee, FL 32303 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☒ Change ☐ Addition<br>President<br>JAMES L DOVE JR.<br>6734 Chevy Way<br>~~Tallahassee, FL 32301~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ DELETE<br>Vice-President, S & T<br>BETTY GOODMAN<br>1624 Capital Circle NW<br>Tallahassee, FL 32303 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☒ Change ☐ Addition<br>V JOYCE S. DOVE<br>2074 Thomasville Road<br>Tallahassee, FL 32312 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☒ Change ☐ Addition<br>S & T NANCY BRADY<br>2074 Thomasville Road<br>Tallahassee, FL 32312 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition<br>400002255594--6<br>-08/01/97--01117--001<br>*****61.25 *****61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>JD 7-31-97 |

CR2E034 (9/96)

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 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:** X James L Dove President 7-31-97 850.574-6072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #