FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009062 (9)

SEMINOLE TRUCK & R.V. SERVICE. INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 817 APPLEYARD DR 817 APPLEYARD DR TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3161486 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOVE, JAMES L JR. 81 Name 2074 THOMASVILLE ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 63 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ DELETE TITLE 1.1 TITLE Change ☐ Addition DOVE, JAMES L JR. NAME 1.2 NAME CR2E034 6734 CHEVY WAY STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP 1.4 CHY-ST-7(P DELETE TITLE 2.1 TITLE Change Addition DOVE, JOYCE S NAME 2.2 NAME **2074 THOMASVILLE ROAD** STREET ADDRESS 2.3 STREET ADDRESS **TALLAHASSEE FL 32312** CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition BRADY, NANCY NAME 3.2 NAME 2074 THOMASVILLE ROAD STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C/TY-ST-ZIP

14. I bereby 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.