

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062294 (2)**

1. Corporation Name

VALERIO'S TRUCK AND TRAILER REPAIR, INC.

Principal Place of Business

339 THORPE ROAD
ORLANDO FL 32862

Mailing Address

339 THORPE ROAD
ORLANDO FL 32862

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3199726

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

2. Principal Place of Business

21 **9526 Sidney Hayes Rd.**

2a. Mailing Address

26 **P.O. Box 620397**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Orlando, FL**

City & State

28 **Orlando, FL**

Zip

24 **32824**

Country

25 **US**

Zip

29 **32862-0397**

Country

30 **US**

9. Name and Address of Current Registered Agent

VALERIO, PAUL T
3145 CHATSWORTH LANE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

401 Brockway Ave.

84 City

Orlando

FL

85 Zip Code

32812

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
AKINS, ROY A JR
1621 HEMPEL AVE.
GOTHA FL 32809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 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 110.07(3)(4), 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:

Roy A. Akins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

407-859-4114