

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUL 30 PM 12: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079853 (6)**

1. Corporation Name

PASCO MOBILE TRUCK REPAIR, INC.

Principal Place of Business

**8710 BENCH DRIVE
PORT RICHEY FL 34667**

Mailing Address

**8710 BENCH DRIVE
PORT RICHEY FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3211165

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DIXON, LARRY A
8710 BENCH DRIVE
PORT RICHEY FL 34667**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **DIXON, LARRY A**
STREET ADDRESS **6704 OELSNER STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DV** ☒ DELETE
NAME **DIXON, GARY T**
STREET ADDRESS **884 FRANKLIN CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **DIXON, LARRY A.**
1.3 STREET ADDRESS **14014 SLOAN CT.**
1.4 CITY-ST-ZIP **BROOKSVILLE, FL 34610**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **DIXON, AMBER J.**
2.3 STREET ADDRESS **14014 SLOAN COURT**
2.4 CITY-ST-ZIP **BROOKSVILLE, FL 34610**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **200002257592--0**
4.3 STREET ADDRESS **-08/05/97--01012--025**
4.4 CITY-ST-ZIP ******165.00 ****165.00**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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

CR2E034 (4/97)