SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023385 (5)**

1. Corporation Name
RELIABLE TRUCK SERVICE, INC.

Principal Place of Business	Mailing Address
915 CIMARRON CIRCLE BRADENTON FL 34209	915 CIMARRON CIRCLE BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 238 Old Oak Circle
Suite, Apt. #, etc. 22:
City & State 23: Palm Harbor, FL
Zip 24: 34684 Country 25: USA

2a. Mailing Address
26: 238 Old Oak Circle
Suite, Apt. #, etc. 27:
City & State 28: Palm Harbor, FL
Zip 29: 34684 Country 30: USA

4. FEI Number: 59-3310667 ☐ 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

STURM, JOHN
915 CIMARRON CIRCLE
BRADENTON FL 34209

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STURM, JOHN	1.2 NAME	
STREET ADDRESS	915 CIMARRON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GENSHEIMER, LEE	2.2 NAME	Gensheimer, Lee
STREET ADDRESS	5433 W. CRENSHAW STREET	2.3 STREET ADDRESS	238 Old Oak Circle
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GENSHEIMER, VERONICA	3.2 NAME	Gensheimer, Veronica
STREET ADDRESS	5433 W. CRENSHAW STREET	3.3 STREET ADDRESS	238 Old Oak Circle
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STURM, TRACY	4.2 NAME	
STREET ADDRESS	915 CIMARRON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Veronica Gensheimer 7/6/95 8137856369
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0106075 CP