06-27-2002 90184 050 ****61.25
P94000047670

FILED

02 JUN 28 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047670

1. Entity Name

McKIBBEN TRUCK CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3952 US 27S	925 Lake Lotela Dr.
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.:
City & State: Sebring, FL	City & State: Avon Park, FL
Zip: 33870 Country: US	Zip: 33825 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0495022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles L. McKibben

Street Address (P.O. Box Number is Not Acceptable): 925 Lake Lotela Dr.,

City: Avon Park FL Zip Code: 33825

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Charles L. McKibben
STREET ADDRESS	925 Lake Lotela Dr.
CITY-ST-ZIP	Avon Park, FL 33825
TITLE	VP
NAME	Kathy L. McKibben
STREET ADDRESS	925 Lake Lotela Dr.,
CITY-ST-ZIP	Avon Park, FL 33825
TITLE	T
NAME	J.B. Delaney
STREET ADDRESS	1810 S.R. 17S,
CITY-ST-ZIP	Avon Park, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles L McKibben Pres 6-18-02 863 257-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #