SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:41

DOCUMENT # **P94000079518 (4)**

1. Corporation Name

CENTRAL FLORIDA TRUCK, CAR & RV CENTER, INC.

Principal Place of Business	Mailing Address
612 ARLINGTON CT. EUSTIS FL 32726	612 ARLINGTON CT. EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21: 705 W. BURLEIGH BLVD
22 Suite, Apt. #, etc: NA
23 City & State: TAVARES, FLORIDA
24 Zip: 32778
25 County: USA

2a. Mailing Address
26: 705 W. BURLEIGH BLVD
27 Suite, Apt. #, etc: NA
28 City & State: TAVARES, FLORIDA
29 Zip: 32778
30 County: USA

4. FEI Number: 59-3277703 ☐ 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

MAYORGA, AUGUST C
553 IRIS ST
ALTAMONTE SPRINGS FL 32714-3114

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	VALERIE B. REAVES	12 NAME	
STREET ADDRESS	612 ARLINGTON CT	13 STREET ADDRESS	
CITY ST ZIP	EUSTIS, FL 32726	14 CITY ST ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	MYRON F. REAVES	22 NAME	
STREET ADDRESS	612 ARLINGTON CT	23 STREET ADDRESS	
CITY ST ZIP	EUSTIS, FL 32726	24 CITY ST ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	MYRON F. REAVES	32 NAME	
STREET ADDRESS	612 ARLINGTON CT	33 STREET ADDRESS	
CITY ST ZIP	EUSTIS, FL 32726	34 CITY ST ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	AUGUST C. MAYORGA	42 NAME	
STREET ADDRESS	553 IRIS STREET	43 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS, FL 32714	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Valerie B. Reaves, Pres. 6/8/95 (904) 343-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131054 FP