SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT QUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087173 (8)

TRUCK-O-RAMA STORES, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED Pg.10f2

97 AUG 12 AM 11: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



233 NW 10TH 3		233 NW 10TH ST OCALA FL 34475						
	•					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3a. Date of Last F	Report
						12/01/1994	05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	——————————————————————————————————————	pplied For
21		26	 			65-0541117		lot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	Additional Required
City & State	3	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added Added	to Fees
Zip	Country Zip			8. This corporation owes or has paid the current year Intal			·	
24	25 29 30		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
THOMPSON, JAMES B				B1 Name				
	NW 10TH STREET		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
OCA	LA FL 34475							
			83					
				84	City		FL 85 Zip	Code
dd Directort	to the provisions of Sections 607.050	2 and 607 1509 Florida Statut	on the at	1	named co	propretion eulomite this statement for the n		its registered
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	Signature, typod or printed name of registered age	nt and title il applicable (NOI	E Registered	Ager	nt signature rec	quired when reinstating)	DATE	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	DELETE 1.1 T			T.L.E.			☐ Change	L Addition
NAME	THOMAS OF THE STATES OF		1.2 NA	ME				
STREET ADDRESS	233 NW 10TH STREET 1.3			REE1.	ADDRESS			
CITY-ST-ZIP				1Y-S1	Y-ST-ZIP 1000000000000000000000000000000000000			
TITLE				2.1 TITLE		1000225397-0144600 -08/15/37-014794-0144600 ****165.00 ****165.00		
NAME	THOMPSON, PATRICIA A		2.2 NAM			****16!	5.00 ****1	165.00
STREET ADDRESS	233 NW 10TH STREET		2.3 STREET		ADDRESS			
CITY-ST-ZIP	<u> </u>			2. 4 CiTY-ST-ZIP				
TITLE	D DELETE 3:			3.1 TITLE			Change	☐ Addition
PNAME .	O'BRIEN, H. TERRENCE		3.2 NAME					
STREET ADDRESS	ONE NORTH DEE RD		3 3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	115 110			ITY-S	ST - 71P			
TITLE	☐ DELETE 4.1			TLE			Change	☐ Addition
NAME			4.2 N	AME	1			1
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP			
TITLE	DELETE 5.1 T			1LE	,		☐ Change	Addition
NAME			5.2 NA	ME		_		
STREET ADDRESS	MESS		5.3 STREET ADDRESS		ADDRESS	α_{i}		ļ
CITY-ST-ZIP			5.4 CI	1Y-S	1-2IP			
TITLE	DELETE 6.1		6.171	1LE		Change A		Addition
NAME			6.2 NA	AME		911.	1.144	
STREET ADDRESS			6.3 ST	REET	ADDRESS	\sim // $^{\prime}$	-111	
CITY-ST-ZIP			6.4 CI	TY-S	iT- <i>Ž</i> IP	•	1	
44 1 4 4 4 4 4	a suffer the date independence of models	at with the fitting damage and according				ted in Section 119 07(3)(i) Florida Statute	a. I further certifu the	at the

. 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.

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pg.20/2

TRUCK-O-RAMA STORES, INC. 233 Northwest 10th Street Ocala, Florida 34475

August 1, 1997

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

To whom it may concern:

Enclosed is our 1997 Profit Corporation Annual Report, Second Notice. We have no record of ever receiving the First Notice.

Your office was contacted (904-488-9000) and we were told that many corporations did not receive their <u>First Notice</u> and we should only pay the normal \$165.00 filing fee. Enclosed is our check for that amount.

Should you require additional information, please contact me

Yours truly,

Patricia A. Thompson

Director

TOR:pat

Enclosures