

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000087198 (5)**

1. Corporation Name

**R & R TRUCK SALES, INC.**



Principal Place of Business

Mailing Address

**1790-A TIMOCUAN WAY  
LONGWOOD FL 32750  
US**

**2756 DEERBERRY COURT  
LONGWOOD FL 32779**

2. Principal Place of Business

**3190 N. HWY. 17-92**

2a. Mailing Address

**P.O. Box 960485**

Subs., Apt. #, etc.

Subs., Apt. #, etc.

City & State

**Longwood, FL**

City & State

**LAKE MARY, FL**

Zip

**32750**

Country

**Seminole**

Zip

**32795**

Country

**Seminole**

9. Name and Address of Current Registered Agent

**LERNER, RICHARD V  
2756 DEERBERRY COURT  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

**11/28/1994**

3a. Date of Last Report

**04/21/1995**

4. FEI Number

**59-3279402**

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

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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is filing this report with the Department of State

Signature of the Registered Agent (must be filed when changing)

DATE

12. OFFICERS AND DIRECTORS

|                    |                             |                                 |
|--------------------|-----------------------------|---------------------------------|
| 1. TITLE           | <b>PT</b>                   | <input type="checkbox"/> DELETE |
| 2. NAME            | <b>LERNER, RICHARD V</b>    |                                 |
| 3. STREET ADDRESS  | <b>2756 DEERBERRY COURT</b> |                                 |
| 4. CITY-STATE-ZIP  | <b>LONGWOOD FL</b>          |                                 |
| 5. TITLE           | <b>S</b>                    | <input type="checkbox"/> DELETE |
| 6. NAME            | <b>PINGRIN, RANDALL M</b>   |                                 |
| 7. STREET ADDRESS  | <b>1614 ROBLE LANE</b>      |                                 |
| 8. CITY-STATE-ZIP  | <b>DELTONA FL</b>           |                                 |
| 9. TITLE           |                             | <input type="checkbox"/> DELETE |
| 10. NAME           |                             |                                 |
| 11. STREET ADDRESS |                             |                                 |
| 12. CITY-STATE-ZIP |                             |                                 |
| 13. TITLE          |                             | <input type="checkbox"/> DELETE |
| 14. NAME           |                             |                                 |
| 15. STREET ADDRESS |                             |                                 |
| 16. CITY-STATE-ZIP |                             |                                 |
| 17. TITLE          |                             | <input type="checkbox"/> DELETE |
| 18. NAME           |                             |                                 |
| 19. STREET ADDRESS |                             |                                 |
| 20. CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |                                                                              |
|--------------------|----------------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <b>PSD</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                            |                                                                              |
| 3. STREET ADDRESS  |                            |                                                                              |
| 4. CITY-STATE-ZIP  | <b>Longwood, FL. 32779</b> |                                                                              |
| 5. TITLE           | <b>TD</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                            |                                                                              |
| 7. STREET ADDRESS  |                            |                                                                              |
| 8. CITY-STATE-ZIP  | <b>DELTONA, FL. 32738</b>  |                                                                              |
| 9. TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                            |                                                                              |
| 11. STREET ADDRESS |                            |                                                                              |
| 12. CITY-STATE-ZIP |                            |                                                                              |
| 13. TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                            |                                                                              |
| 15. STREET ADDRESS |                            |                                                                              |
| 16. CITY-STATE-ZIP |                            |                                                                              |
| 17. TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                            |                                                                              |
| 19. STREET ADDRESS |                            |                                                                              |
| 20. CITY-STATE-ZIP |                            |                                                                              |

14. I 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)(k), 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 or 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: **Richard V. LERNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/96 (407) 333-3814**  
DATE Daytime Phone #

CR2E034 (12/95)