FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 23 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087825 (3)**

1. Corporation Name
TREASURE COAST TRUCK BROKERS, INC.

Principal Place of Business	Mailing Address
~~424 NEW MARKET RD~~ ~~UNIT 5 OFFICE 6~~ ~~IMMOKALEE FL 33934~~	~~P O BOX 189~~ ~~UNIT 5 OFFICE 6~~ ~~IMMOKALEE FL 34143-0189~~ US

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 1005 B Road
Suite, Apt. #, etc. 22
City & State 23 Labelle, Fl
Zip 24 33935 Country 25 Hendry

2a. Mailing Address
26 P.O. Box 2828
Suite, Apt. #, etc. 27
City & State 28 Labelle, Fl.
Zip 29 33975 Country 30 Hendry

4. FEI Number: 65-0535993 ☐ 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

~~TASSELL, DAVID C~~
~~1070 E INDIANTOWN RD #310~~
~~JUPITER FL 33477~~

10. Name and Address of New Registered Agent

81 Name: TASSELL, DAVID C
82 Street Address (P.O. Box Number is Not Acceptable): 725 North AIA Suite 108
83
84 City: Jupiter FL 85 Zip Code: 33477

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BERRY, JOHN S JR~~ ~~602 GLADIOLA ST~~ ~~IMMOKALEE FL 33934~~ N/A 4451 County Rd 78 W. LaBelle, Fl 33935	~~XXX~~ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Berry, John S. Jr. P.O. Box 2828 Labelle, Fl. 33975 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHATLEY, CAROLYN L 3525 VILLAGE BLVD #104 WEST PALM BEACH FL 33409	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002222754---6 -06/25/97--01084--013 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 6-24-97

CR2E034 (9/96)

14. 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.

SIGNATURE: _____ John S. Berry, Jr. 4/22/97 941-675-5880