

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 # P95000003410 (4)

1. Corporation Name:

BUBBA'S TRUCKS & STUFF, INC.



Principal Place of Business

150 EAST HAINES
LAKE ALFRED FL 33850

Mailing Address

150 EAST HAINES
LAKE ALFRED FL 33850

3. Date Incorporated or Qualified
01/12/1995

3a. Date of Last Report
NONE

2. Principal Place of Business

21 1551 Kathleen Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 415
Suite, Apt. #, etc.

4. FEI Number

59-2113632

Applied For
Not Applicable

22 City & State

23 Lakeland FL
Zip 33809

27 City & State

28 Polk City FL
Zip 33868

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 of person or persons of registered agent and state of change)

(If NE, Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 NAME
12 STREET ADDRESS
13 CITY - ST - ZIP
14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

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39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

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)(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 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: Lois Jean Leslie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
941
1-22-96 9523461

CR2E034 (12/95)