

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006613 (0)

1. Corporation Name

LAKELAND TRUCK SERVICES, INC.



Principal Place of Business

621 N LAKE PARKER AVE
LAKELAND FL 33801

Mailing Address

621 N LAKE PARKER AVE
LAKELAND FL 33801

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report

4. FEI Number
59-3293431

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSH, PHILIP H
101 S FLORIDA AVE
LAKELAND FL 33801

81 Name

Mary M. Kedzuf

82

Street Address (P.O. Box Number is Not Acceptable)

621 N. Lake Parker Ave.

83

84

City

Lakeland

FL

85

Zip Code

33801

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

Mary M. Kedzuf

Mary M. Kedzuf

04/22/96

Signature typed or printed name of registered agent and the following

DATE Registered Agent Signature required when filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE ☐ Change ☒ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
D/P/S
Mary M. Kedzuf
621 N. Lake Parker Ave.
Lakeland, FL 33801

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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:

Mary M. Kedzuf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary M. Kedzuf

04/22/96

941-682-4101

DATE

EXPIRATION DATE

CR2E034 (12/95)