

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019438 (7)

1. Corporation Name
PRODUCTION TRUCK OUTFITTERS, INC.

Principal Place of Business 4752 WALDEN CIRCLE # 718 ORLANDO FL 32811	Mailing Address 4752 WALDEN CIRCLE # 718 ORLANDO FL 32811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6818 Merganser Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL 24 Zip 32810 25 Country Orange		2a. Mailing Address 26 6818 Merganser Dr. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL 29 Zip 32810 30 Country Orange		3. Date Incorporated or Qualified 03/07/1995	
4. FEI Number 59-3368923		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent CAMPBELL, R.H. 4752 WALDEN CIRCLE # 718 ORLANDO FL 32811	
9. Name and Address of New Registered Agent same 6818 Merganser Dr. Orlando FL 32810		10. Name and Address of New Registered Agent same 6818 Merganser Dr. Orlando FL 32810		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: *R.H. Campbell* DATE: 3-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JAMES L 14300 AVALON ROAD WINTER GARDEN FL 34787	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, R.H. 4752 WALDEN CIRCLE, # 718 ORLANDO FL 32811	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTENSON, DANIEL J JR 3550 BOUGAINVILLEA DRIVE WINTER PARK FL 32792	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, GROVER 8316 SUN DRIVE ORLANDO FL 32809	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 only if attached with an address.

SIGNATURE: *R.H. Campbell* DATE: 3-5-98 407-296-7570

CR2E034 (10/97)