

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90097 033 \*\*\*150.00

DOCUMENT # P95000023424

1. Corporation Name

TRUCK OUTFITTERS, INC.

Principal Place of Business

14840 BLACKBIRD LN.  
FT. MYERS FL 33919

Mailing Address

PO BOX 60144  
FT MYERS FL 33906  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

65-0679579

Applied For

Not Applicable

5. Certificate of Status Desired

10-2

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

FORBES, DONALD D JR.  
14840 BLACKBIRD LN.  
FT. MYERS FL 33919

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

*DLA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FORBES, DONALD D JR.  
STREET ADDRESS 14840 BLACKBIRD LN.  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ DELETE

NAME FORBES, MARGARET S  
STREET ADDRESS 14840 BLACKBIRD LN.  
CITY-ST-ZIP FT. MYERS FL 33919

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Donald D. Forbes, Jr.

1.3 STREET ADDRESS 14840 Blackbird Ln.

1.4 CITY-ST-ZIP Ft. Myers, Fl. 33919

2.1 TITLE Vice-President ☐ Change ☒ Addition

2.2 NAME Mason W. Graham

2.3 STREET ADDRESS 6841 Idlewild St.

2.4 CITY-ST-ZIP Ft. Myers, Fl. 33912

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition

3.2 NAME Margaret S. Forbes

3.3 STREET ADDRESS 14840-Blackbird-Ln.

3.4 CITY-ST-ZIP Ft. Myers, Fl. 33919

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald D. Forbes Jr.*

DONALD D. FORBES JR

02/14/99

941.940-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0448014