

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 27 PM 4:25

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028343 (8)

1. Corporation Name

CUSTOM TRUCKS U.S.A., INC.

Principal Place of Business

Mailing Address

1311 S. VINELAND RD.
WINTER GARDEN FL 34787

1311 S. VINELAND RD.
WINTER GARDEN FL 34787



800001939238

-03/05/96-01017-016

****225.00 ****225.00

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1995

4. FEI Number

Applied For

59-3307229

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

10. Name and Address of New Registered Agent

ROBB, PAMELA M
1311 S. VINELAND RD.
WINTER GARDEN FL 34787

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 for principal place of business agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HUNTER, BRIAN
STREET ADDRESS 1719 1ST ST.
CITY-ST-ZIP CLERMONT FL 34711

TITLE D
NAME PARSONS, R. DAVID
STREET ADDRESS 7525 POINTE VIEW CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

TITLE D
NAME RICHARDSON, STEVE
STREET ADDRESS 1719 1ST ST.
CITY-ST-ZIP CLERMONT FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

President
John M. Parsons
7157 Coral Cove Drive
Orlando, FL 32818

Vice President
Brian E. Hunter
1221 6th Street
Clermont, FL 34711

8/30

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN E. HUNTER 20 Aug 96 407-877-6970

CR2E034 (3/96)