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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000032207 (9)

DOCUMENT #

S & H TRUCK REPAIR, INC. Principal Place of Business Mailing Address

9. Name and Address of Current Registered Agent

11516 - 87TH AVENUE NORTH SEMINOLE FL 34642

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2. Principal Place of Business

CARTER, DAVID P

BLDG 2, SUITE 4 **LARGO FL 34648**

12945 SEMINOLE BLVD.

Suite, Apt. #, etc.

City & State

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Zip

11516 - 87TH AVENUE NORTH SEMINOLE FL 34642

2a. Mailing Address

City & State

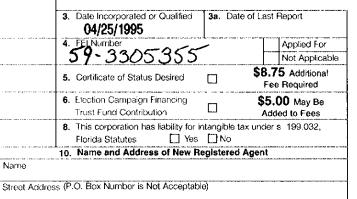
Suite, Apt. #. etc.

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Zıp 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.

Country

81 Name

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City

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SIGNATURE Signature, typed or princeo name of registered agant and little if applicable. (NOTE: Registered Agent signature required where renstating) DATE DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1. 1 Title	☐ Change	Addition
NAME	GREEN, GARY H		1.2 NAME		
\$TREET ADDRESS	11516 - 87TH AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY-ST-ZIP		
TITLE	VSD	DELETE	2 1 TITLE	Change	Addition
NAME	Green, Linda L		2.2 NAME		
STREET ADDRESS	11516 - 87TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		2.4 CITY - \$1 - ZIP		
TITLE		DELETE	3 1 1 I I L E	Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3 4 C(1) Y - S1 - Z(P		
TITLE		DETEIE	4. 1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY - ST - ZIP		
THLE		DELETE	5. 1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5.4 CHY-ST-ZIP		
TITLE		□ DELETE	6. 1 TILE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZiP		

I do hereby certify that the information supplied with this filling 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 or the proceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annual report of the proceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and response in Block 12 or Block 12 appears in Block 12 or Block nt with an address.

SIGNATURE