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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1	996	DIVISION OF C	CORPORA	TIONS		
DOCUN 1. Corporation	MENT # <b>P950</b>	00045363 (5	5)			
	ONS TRUCK & TRACTOR	SERVICE, INC.				
Principal Place	o' Business	Maing Address			T INDII DOLI NE INTER DILLI DOLLI DELLI	il datht stadt bindt insta mires irri fami
RT6 35 DARYL COURT PANANA CITY BEACH FL 32413		RT6 35 DARYL COURT PANANA CITY BEACH FL 32413				
					06/02/1995	. Date of Last Report
2. Principal Pia	ice of Business	2a. Mailing Address			4. FEI Number 332438	7 Applied For Not Applicable
21		26 Shifte Ant. B. ofto			\$8.75 Additional	
Suite, Apt. #	t, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired	Fee Required
Crty & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			1rust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for intand Florida Statutes Yes	
24	9. Name and Address of Curre	29	30	r	10. Name and Address of New Regis	
	9. Name and Address of Curre	ent negistered Agent		81 Nam		
01111	MIC DADVI			00 8	odress (P.O. Box Number is Not Acceptable)	
SIMMONS, DARYL RT6 35 DARYL COURT				82 Street Address (P.O. Box Number is Not Acceptable)		
	VA CITY BEACH FL 32413			83		
- FARA	A OIL DEVOLLE SELLS			84 City		85 Zip Code
				1 1		FL "
or register familiar wit	to the provisions of Sections 607,09 ed agent, or both, in the State of Fic th, and accept the obligations of, Section and accept the obligations of, Section and Section and Section 2015.	orda. Such Grange was authorization 607.0505. Florida Statutes	ed by the	corporation	rporation submits this statement for the purpose board of directors. Thereby accept the appointment of the a	nent as registered agent. I am
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1	fit,£		Change Addition
NAME	SIMMONS, DARYL		12 N	IAME		
STREET ADDRESS	RT6 35 DARYL COURT		1.3.5	STREET ADDRES		
CITY-ST-ZIP	PANANA CITY BEACH FL			STY ST-ZIP		Change Addition
TITLE		☐ DELETE	ı	HELF		□ cutugo □ nastion
NAME			221	name Street adore'		
STREET ADDRESS				STREET ADURE CITY - ST - ZIP		
CITY-ST-7:P		DELETE		T:TLE		Change Addition
NAME				NAME		
STREET ADORESS			3.3	STREET ADDRE		
CHTY-ST-ZIP			341	CITY - ST - ZIP		
TITLE		DETELE	1	THLE		Change Addition
NAME				NAM:		
STREET ADDRESS				STREET ADDRE		
CITY-SI-ZIP		DELETE		CITY - S1 - ZIP TITLE		Change Addition
TITLE		☐ Dere ie		NAME		
NAME OFFICE ADDRESS				STREET ADDRE		
STREET ADDRESS				City - St - 7if		
CHY-ST-ZIP THLE		☐ DELETE		TIME		Change Addition

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and close 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 cells, 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.

6.2 NAME

6.4 CHY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: 💹

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 904-231-5643

CR2E034 (12/95)