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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000046283 (4)

1. Corporation Name

ORLANDO TRUCK & TRANSIT A/C, INC.

Principal Place of Business

Mailing Address

2930 OLD WINTER GARDEN RD  
ORLANDO FL 32805  
US

2930 OLD WINTER GARDEN RD  
ORLANDO FL 32805-1173  
US



2. Principal Place of Business

2a. Mailing Address

21 615 Ferguson DR.

26 615 Ferguson DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO FL.

28 ORLANDO FL

Zip

Country

Zip

Country

24 32805

25

US

29 32805

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ROBERT  
2930 OLD WINTER GARDEN RD  
ORLANDO FL 32805

81 Name

Miller, Robert

82 Street Address (P.O. Box Number is Not Acceptable)

615 Ferguson DR.

83

84

City ORLANDO

FL

85

Zip Code 32805

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	MILLER, ROBERT I	
STREET ADDRESS	2930 OLD WINTER GARDEN RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	DELETE
NAME	MILLER, CHERYL A.	
STREET ADDRESS	2930 OLD WINTER GARDEN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	Change	Addition
1.2 NAME	MILLER, ROBERT I		
1.3 STREET ADDRESS	615 Ferguson DR.		
1.4 CITY-ST-ZIP	ORLANDO, FL. 32805		
2.1 TITLE	ST	Change	Addition
2.2 NAME	MILLER, CHERYL A.		
2.3 STREET ADDRESS	615 Ferguson DR.		
2.4 CITY-ST-ZIP	ORLANDO, FL 32805		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 do 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.

SIGNATURE:

*Robert Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97  
Date

407-293-9050  
Daytime Phone #

000002

CR2E034 (9/96)