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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000046283 (4)

ORLANDO TRUCK & TRANSIT A/C, INC.

Principal Place of Business

Mailing Address

dress

**FILED** 

Apr 22 1997 8:00am

Secretary of State

2930 OLD WINTER GARDEN RD ORLANDO FL 32805 JIS 2930 OLD WINTER GARDEN RD ORLANDO FL 32905-1173 US

ORLANDO FL 3 US	2905	US US 1173		·	
00				<ol> <li>Date Incorporated or Qualified 06/09/1995</li> </ol>	3a. Date of Last Report 04/12/1996
2. Principal Pk	ace of Business	2e. Mailing Address		4. FEI Number	Applied For
21 615	Ferguson OR.	26 G15 Fer	9450N DR	59-3322586	Not Applicable
Suite, Apt 4	I, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	cl	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
23 OK/A	Country	28 OR/ANDO	Country		
	Country		[a]	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 3280	9. Name and Address of Current		n1	10. Name and Address of New Reg	
Dan L			81 Name	11 0	
MILLER, RUBERT					
	OLD WINTER GARDEN RD		82 Street Address (P.O. Box Number is Not Acceptable)		
URL	ANDO FL 32805		83	FERGUSON DRI	
			1-1		los I 7: Ost
ļ			84 City	lando	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was au	thorized by the corpo	ration's board of directors. I hereby accep	t the appointment as registered
Ü	m rantinar wird, and accept the obliga	tions of, section 607.0505, Fibili	ga Siainies.		
SIGNATURE	Shprature, typed or painted name of registored agor	t and life if applicable (NOTE: I	Registered Agent signature re	Quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TIFLE	P	DELETE	1.1 TITLE	/	Change Addition
NAME	MILLER, ROBERT I	_		miller, forest 1	•
STHEET ADDRESS	2930 OLD WINTER GARDEN RI	1	1.3 STREET ADDRESS	LA ENGLISON OR	
i i	ORLANDO FL	•	1.3 STREET ADDRESS	of reguson on.	
CiTY - S1 - ZIP		DELETE	0.4 71715		Change I Addition I
TITLE	ST CHEOVI A	Otter	2.1 HIRE	miller cheryl A Colf Ferguson Od, Odlando Fl 8280	REPORTED THE SECOND
NAME	MILLER, CHERYL A. 2930 OLD WINTER GARDEN RO	240	22 NAME	Aller Carriery Offe	
STREET ADDRESS		טאט	2 3 STREET ADDRESS	200	
CHY-ST-7#P	ORLANDO FL	DELETE		oumuso, Fr 3700	
THILE		T DETEIL	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		T ACCESS	3.4. CHY-ST-ZIP		Obocas
THILE		☐ DELETE	4.1 TATLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
Cify St 75*			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		<u>'</u>
STREET ADDRESS			5.3 STREET ADDRESS		1
DitY-ST-ZiP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TrTLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		•
City-St-ZP			6 4 CITY - ST - ZIP		
	w certify that the information europlies	with this filing does not quality		ted in Section 119 07(3)(i) Florida Statute	s. I further certify that the

4. I do nevery certify that his information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 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 Control 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, 16 if pranged, or on an attachment with an address.

SIGNATURE

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

407-293-9050

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