

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90049 013 \*\*\*150.00

0103398

DOCUMENT # P95000078534

1. Corporation Name

TOMAHAWK TRUCK & TRAILER SALES, INC.

Principal Place of Business

5300 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805  
US

Mailing Address

5300 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

59-3339360

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHOENE, JOHN S ESQ  
230 LOOKOUT PLACE  
#200  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
BROOKINGS, REA  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CFO  
HERRING, DAVID  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
HERRING, JONDAVID  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
HERRING, PAUL  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
HERRING, STEPHEN  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
TULLY, KAREN  
4382 S. MORELAND AVENUE  
CONLEY GA 30027

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99

404  
3629052

CR2F034 (11/98)