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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF SOR RATIONS

1997 P9600007192 (3) DOCUMENT #

HANEY'S TRUCK AND AUTO SALES, INC.

Principal Place of Business

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



700 NE 7TH 8 NEWBERRY FI		P.O. BOX 7 NEWBERRY FL 32669-0007					
	_				3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last F	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Aı	pplied For
	NE SR47	26 P.O. Box &	<u>438</u>		59-3357691	N	ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional equired
City & Stet		City & State	<u></u>		6. Election Campaign Financing		May.Be
23 REN	MON, FL	28 TRENTON,	FL.		Trust Fund Contribution	L Added	to Fees
2 2 2 2	93 25 GILCHRIST	29 32693 3	Countr	CHRIST	8. This corporation has liability for in		;. 199.032,
24 300	9. Name and Address of Current	Registered Agent	oldir	CHACI21	Florida Statutes 10. Name and Address of New Reg	Yes No	
LIAI	NEY, RHETT E	riogistorea rigorit	81	Name	IV. Name and Address of New Neg	istered Agent	
700 NE 7TH ST NEWBERRY FL 32669				82 Street Address (P.O. Box Number is Not Acceptable)			
1424	ITDENNI TE 32009		83	3			
	•		_				
			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 agen			en! signature require		DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	· ·· · · · · _ _ · · · · · · · · · · · · · · · · · ·	
	HANDY BURER E		1.1 TITLE	1		☐ Change	Addition
NAME ATOTEX ADDRESS	HANEY, RHETT E	60 NE SR47	1.2 NAME				
STREET ADDRESS	NEWBERRY FL 32669	CENTON, FL 32693	i	1 ADDRESS			
CITY-ST-ZIP TITLE	ngridenni FL 32008	DELETE	1.4 CITY -	ST-ZIP		Channe	T A PARIS -
NAME	HANEY, CAROL S	L_ otten	2.1 TITLE			☐ Change	☐ Addition
	P.O. BOX 7	OCA NE SOUT	2.2 NAME				1
STREET ADDRESS	NEWBERRY FL 32669	860 NE SR47 Trenton, Fl32693	2.3 STREE	1 ADDRESS			į
CITY-ST-ZIP TITLE	NEWDENNI FL 32009	DELETE	2.4 CITY- 3.1 TITLE	ST-7IP		Change	Addition
NAME	Ap i	List percent	3.2 NAME			. Li Onange	
STREET ADDRESS			1	T ADDRESS			i
CITY-ST-ZIP			3.4. CITY-				
TITLE	•	DELETE	4.1 TITLE	51-211		Change	Addition
NAME		-	4. 2 NAME				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			Si .	1 ADDRESS			1
CITY-ST-ZIP			4.4 CITY -				
TITLE		DELETE	5.1 TITLE	21-211		Change	Addition
NAME			5.2 NAME			<u></u>	71,000,1170,11
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			5.4 CITY-:				ļ
TITLE		DELETE	6.1 TITLE	V1 CII		Change	Addition
NAME			G.2 NAME			Orango	tend - dullion
STREET ADDRESS			ľ	T ADDRESS			
CITY-ST-ZIP				j			
	ay cartify that the information appolical	with this fit or door not mustiful	5.4 CITY		in Caption 110 07/3/i) Elevida Statutes	A Combination of the A	

I he depth of 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.