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Apr 30 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 # P96000068159 (8)

1. Corporation Name

FLORIDA FLEET SERVICES, INC.



Principal Place of Business

18167 US HIGHWAY 19 NO STE 150
CLEARWATER FL 34624

Mailing Address

18167 US HIGHWAY 19 NO STE 150
CLEARWATER FL 34624-6568

2. Principal Place of Business

21 29712 US 19 NORTH

Suite, Apt. #, etc.

22 UNIT 404

City & State

23 CLEARWATER, FL

Zip

24 34621

Country

25 USA

2a. Mailing Address

26 29712 US 19 NORTH

Suite, Apt. #, etc.

27 UNIT 404

City & State

28 CLEARWATER, FL

Zip

29 34621

Country

30 USA

3. Date Incorporated or Qualified

08/13/1996

3a. Date of Last Report

4. EEI Number

59-3397536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PATEL, SANDIP I
18167 US HIGHWAY 19 NO STE 150
CLEARWATER FL 34624

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BUNCE, MATTHEW A
STREET ADDRESS 3767 CARMICHAEL COURT
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ DELETE

NAME KLEINMEIER, JOE
STREET ADDRESS 203 NEPTUNE AVENUE SOUTH
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☐ DELETE

NAME BUNCE, PATTI S
STREET ADDRESS 3767 CARMICHAEL COURT
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ DELETE

NAME HUGHES, CARRIE
STREET ADDRESS 203 NEPTUNE AVENUE SOUTH
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT, DIRECTOR ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE TREASURER, DIRECTOR ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY, DIRECTOR ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002164330 ☒ Change ☐ Addition

-05/02/97--01131--006

***165.00

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:

Matthew A. Bunce *Patti S. Bunce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 813/785-9351
Date Daytime Phone #

CR2E034 (9/96)