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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073191

1. Corporation Name

TRUCK & EQUIPMENT ENTERPRISES, INC.

Principal F	Place of	Business
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Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90055 013 ***150.00



40000 BED DID		Maning Address	•						
19066 RED BIRI LITHIA FL 3354		19066 RED BIRD LITHIA FL 33547	LN						
						į DO	NOT WRITE IN THIS	SSPACE	
						Date Incorporated o	r Qualifed		
		•				08/29/1996			
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number		· Ar	plied For
21	िक क्रिकेट वर्षेत्र करिया है। जिल्लाक	26				59-3403219		No	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #	etc.					\$8.75	
	n, 0.0.	27	1			5. Certifcate of Status	Desired	Fee Re	
City & Stat	•	City & State				& Election Compaign	Einancing	\$5.00	May Be
	.	— <u> </u>				6. Election Campaign I	- 11	•	to Fees
Zip	Country	28 Zip		Country		8. This corporation ow			10100
<u> </u>	· ·	⊢ , `	——————————————————————————————————————	Couring		Personal Property T	•	Tangible ☐ Yes	□No
24	25	29	30			10. Name and Address			
	9. Name and Address of Cu	rrent Registered Agent		81	Name	TO. Name and Address	OI MAM KAĞISTALAR	Agent	
CASI	EV DOBEDT			"	Ivanie				j
	EY, ROBERT			82	Street Add	dress (P.O. Box Number is N	lot Acceptable)		
	6 RED BIRD LN								
LITH	IA FL 33547			83					
				84	City			85 Zip	Code
	•			0~	City		FL	_ 00 2.15	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Flor	ida Statutes, th	e above	s-named cor	poration submits this statem	ent for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the S	tate of Florida. Such char	ige was authori	ized by	the corporat	tion's board of directors. I he	reby accept the appo	intment as re	gistered
agent, i a	m familiar with, and accept the of	oligations of, Section 607.	osos, riolida s	วเสเบเซร.					
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: Regist	tered Agen	t signature requi	red when reinstating)	DATE		i
12.		S AND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPT			1.1 TITLE				Change	☐ Addition
				1.2 NAME	Ì				_
NAME	CASEY, ROBERT		ľ						i
STREET ADDRESS	19066 RED BIRD LN		1 '	1.3 STREET	ALDRESS I				f
CITY-ST-ZIP									
	LITHIA FL			1.4 CITY-57	r-ZIP			f"l Chance	☐ Addition
TMLE I	DVS		ELETE 2	2.1 TITLE	r-ZIP			Change	Addition
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	DVS		DELETE 2	2.1 TITLE		· · · <u>-</u>		Change	Addition _
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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: