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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

CITY-\$T-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Candra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000038617 (1)

MALONEY AUTO & TRUCK, INC. Principal Place of Business Mailing Address 3151 COOPER STREET P.O. BOX 511283 PHASE 2 UNIT 3 PUNTA GORDA FL 33951 DO NOT WRITE IN THIS SPACE **PUNTA GORDA FL 33951** 3. Date Incorporated or Qualified 04/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-7771510 21 26 Not Applicable Sulte, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes ☐ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MALONEY, TERRY 3151 COOPER STREET 82 Street Address (P.O. Box Number is Not Acceptable) PHASE 2 UNIT 3 83 **PUNTA GORDA FL 33951** 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME Terrance P. Maloney STREET ADDRESS 1.3 STREET ADDRESS P.O. Box 511283 N/A Punta Gorda, F1. 33951 DELETE CITY - ST - ZIP 14 CITY-ST-ZIP TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 

64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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

**FILED** 

May 19 1998 8:00am

Secretary of State