PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000060068 (8)

D.C. TRUCKS, INC.

Principal Place of Business	Mailing Address		1921/492 1/8 1931 1941 4411 BAIL 83114 B	1991
22127 LARAMORE AVE.	22127 LARAMORE AVE.			
PORT CHARLOTTE FL 33952	PORT CHARLOTTE FL 33952		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			07/10/1997	
2. Principal Place of Business	2a. Mailing Address	•	4. FEI Number Applied for	or
21 2080 Delta Street	26 P.O. BOX 215	51.	<u> </u>	
Suite, Apt #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired \$8.75 Addition fee Required	al
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	9
23 Por Charlotte Fiorida	128 Part Charlett	re, Fiorida	Trust Fund Contribution Added to Fees	
Zip Country	7 49	Country	8. This corporation owes or has paid the current year Intangible	
24 33952 25 USA 9. Name and Address of Current		ol vsA.	Personal Proporty Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
F	Kegisteren Agent	81 Name	10. Name and Adoress of New Registered Agent	
PAUL, JERRY S				
18401 MURDOCK CIR. Port Charlotte Fl 33948		82 Street A	Address (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE PL 33948		83	and the second s	
		84 City	FI 85 Zip Code	
Pursuant to the provisions of sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	f Florida. Such change was aut	thorized by the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	l 3
SIGNATURE				
Styriature, typin3 or printed minor of registered agent a 12. OFFICERS AND		Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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NAME CARTER, JAMES D	() DELETE			
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SIGNATURE X...

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

CITY-ST-7:P

CITY-ST-ZIF

STREET ADDRESS

Same

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

6.1 THLE

6.3 STREET ADDRESS

DELETE

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8-6-98

941-627-2025

FILED

Oct 05 1998 8:00am

Secretary of State

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