

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

FILED
Apr 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P97000099117 (8)**

1. Corporation Name

INTERNATIONAL TRUCK SALES, INC.

Principal Place of Business

**2800 EAST SILVER SPRINGS BLVD
SUITE 204
OCALA FL 34470**

Mailing Address

**2800 EAST SILVER SPRINGS BLVD
SUITE 204
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

59-3478798

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

21 1255 S.E. Hwy 404

Suite, Apt. #, etc.

22

City & State

23 BELLEVUE FL

Zip

24 34420

Country

25 MARION

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KLEIN, H. RANDOLPH
333 NW 3 AVE
OCALA FL 34470**

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: typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition
PRESIDENT
12 NAME
PAUL E. FLETCHER
13 STREET ADDRESS
2800 E. SILVER SPRINGS BLVD STE 204
14 CITY-ST-ZIP
OCALA, FL 34470

21 TITLE ☐ Change ☐ Addition
VICE PRESIDENT
22 NAME
P. WAYNE DILL
23 STREET ADDRESS
2800 E. SILVER SPRINGS BLVD STE 204
24 CITY-ST-ZIP
OCALA, FL 34470

31 TITLE ☐ Change ☐ Addition
SECRETARY
32 NAME
ERNEST E. THEURER
33 STREET ADDRESS
2800 E. SILVER SPRINGS BLVD STE 204
34 CITY-ST-ZIP
OCALA, FL 34470

41 TITLE ☐ Change ☐ Addition
TREASURER
42 NAME
P. WAYNE DILL
43 STREET ADDRESS
2800 E. SILVER SPRINGS BLVD STE 204
44 CITY-ST-ZIP
OCALA, FL 34470

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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

SIGNATURE: **PAUL E. FLETCHER** 4-20-98 351-9511 (352)

CR2E034 (10/97)