

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90016 041 ***150.00

DOCUMENT # P97000099117

1. Corporation Name

INTERNATIONAL TRUCK SALES, INC.



Principal Place of Business

12155 SW HWY 484
BELLEVUE FL 34420
US

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

2. Principal Place of Business

21 **SALE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1515 E Silver Springs Blvd.**
Suite, Apt. #, etc.

4. FEI Number

59-3478798

Applied For

Not Applicable

22 City & State

27 **Suite 200**
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 **Ocala, FL**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 ☐ 25 ☐

29 **34470** 30 **Marion**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLETCHER, PAUL E	
STREET ADDRESS	2800 E SILVERSPRINGS BLVD STE 204	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DILL, P W	
STREET ADDRESS	2800 E SILVER SPRINGS BLVD SUITE 204	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THEURER, ERNEST E	
STREET ADDRESS	2800 E SILVER SPRINGS BLVD SUITE 204	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fletcher, Paul E.	
1.3 STREET ADDRESS	1515 E. Silver Springs Blvd. Ste 200	
1.4 CITY-ST-ZIP	Ocala, Florida 34470	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dill P W	
2.3 STREET ADDRESS	1515 E. Silver Springs Blvd. Suite 200	
2.4 CITY-ST-ZIP	Ocala, Florida 34470	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Theurer, Ernest E.	
3.3 STREET ADDRESS	1515 E Silver Springs Blvd. Suite 200	
3.4 CITY-ST-ZIP	Ocala, FL. 34470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE:

PAUL E FLETCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(352) 351-9511

Daytime Phone #

CR2E034 (1/98)