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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # **P97000108156**1. Corporation Name

TRUCK SMART, INC.

Principal Place of Business	Mailing Address
29 N. PALM AVE. DELAND FL 32724-3023	29 N. PALM AVE. DELAND FL 32724-3023

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90010 016 \*\*\*150.00



29   PALM AVE   DELANO FL 27724-3023								<u> </u>			
DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address										
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apri. #, etc. 2. Suite, Apri. #, etc. 2. Suite, Apri. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Process of Business of Section Control Place of Business of Section Control Place of Status Desired of Section Control Place o											
2. Principal Place of Business	DELAND FL 327	24-3023	DELAND	DELAND FL 32724-3023				DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business								3. Date Incorporated or Qualifed			
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Sulfo, Ap. #, etc.   Sulfo,	2 Principal Pl	ace of Business	2a. Mail	ing Address							
Suite, Apt. F. etc.    27	<del></del>	200 01 20011000	<u> </u>	<b>g</b> / \				59-3483300 Not Applicable			
27		#. etc.		e, Apt. #, etc.				\$8.75 Additional			
City & State    City & State   City & City & State   City & State   City & State   City & State   City &		.,	<b>⊢</b>	•				5. Certificate of Status Desired  Fee Required			
Zip   Country   Zip   Zi				& State		_		6. Election Campaign Financing 5.00 May Be			
Zip   Country   Zip   Country   Zip   Country   Personal Property Tax.   Yes   No   Personal Property Tax.   Yes   No   No   No   No   No   No   No   N	<del></del>		28					- 1 · · · · · · · · · · · · · · · · · ·			
SIGNATURE  1. OFFICERS AND DIRECTORS  STREET ADDRESS  CITY ST. 2P  DELETE  1. STREET ADDRESS  CITY ST. 2P  CITY ST. 2P  DELETE  1. STREET ADDRESS  CITY ST. 2P  CITY		Country			Count	у_		8. This corporation owes the current year Intangible			
Second Communication		25	29	3	30			Personal Property Tax.			
LEIGHTON, RUSSELL W 848 NAVEL ORANGE CRIV CORANGE CITY FL 32763-8933  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 City FL 86 Zip Code  87 City FL 86 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 86 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 86 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code		9. Name and Addre	ss of Current Registered	Agent				10. Name and Address of New Registered Agent			
### Street Address (P.O. BOX Number is Not Acceptable)  ### City					8	1	Name	·			
SAS NAVEL DYNAME DINNE ORANGE CITY FL 32763-8933  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 segent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. TITLE  12. INTEL  12. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered segently required when reintating)  DELETE  11. TITLE  12. INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  13. TITLE  14. CITY ST. ZPP  14. CITY ST. ZPP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  14. CITY ST. ZPP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL  16. CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE					8	2	Street Add	ddress (P.O. Box Number is Not Acceptable)			
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 office or registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  12. NAME  12. NAME  12. NAME  14. ITITLE  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  14. OFFICERS AND DIRECTORS IN 12 NAME  15. STREET ADDRESS  16. OFFICERS AND DIRECTORS IN 12 NAME  16. OFFICERS AND DIRECTORS IN 12 NAME  17. ITITLE  OFFICERS AND DIRECTORS IN 12 NAME  18. STREET ADDRESS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  19. DELETE  11. ITITLE  OFFICERS AND DIRECTORS IN 12 NAME  12. NAME  12. NAME  13. STREET ADDRESS  14. OFFICERS AND DIRECTORS IN 12 NAME  14. ITITLE  OFFICERS AND DIRECTORS IN 12 NAME  15. ITITLE  OFFICERS AND DIRECTORS IN 12 NAME  OFFICERS AND DIRE											
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NoTE Registered Apent signature, Systed or printed agent and size if applicable.   NoTE Registered Apent signature required when manufacting)	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
TITLE	SIGNATURE	Signature, typed or printed name	of registered agent and title if applic	able. (NOTE: F	Registered Ag	ent e	signature requi	divide their residence,			
NAME	12.	0	FFICERS AND DIRECTO		13.						
1,3 STREET ADDRESS	TITLE			☐ DELETE	1.1 TITLE		_	FD Company			
TITLE	NAME				1.2 NAME	•					
TITLE	STREET ADDRESS				1.3 STRE	ET A					
NAME	CITY-ST-ZIP				1.4 CITY	ST-	ZIP [				
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE			☐ D€LETE	2.1 TITLE			☐ Change ☐ Addition			
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## A3 STREET ADDRESS  ### CTTY- ST-ZIP  ### CTTY	TITLE			☐ DELETE	4.1 TITLE	İ		L] Change L. Addition			
A4 CITY-ST-ZIP	NAME				4. 2 NAM	E					
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STREET ADDRESS 6.3 STREET ADDRESS	NAME										
	STREET ADDRESS				6.3 STRE	ET A	ADDRESS	·			

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: