


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90087 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000009167

1. Corporation Name
RULE'S AUTO & TRUCK, INC.

Principal Place of Business
4780 ROSSELLE ST
JACKSONVILLE FL 32254-3744

Mailing Address
4780 ROSSELLE ST
JACKSONVILLE FL 32254-3744



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/28/1998 | |
| 4. FEI Number 59-3491256 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---------------------------|
| 2. Principal Place of Business 21 1219 Blanding Blvd | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 Orange Park | Suite, Apt. #, etc. 27 |
| City & State 23 Florida | City & State 28 |
| Zip 24 32065 | Country 30 |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent RULE, BERNICE W 4780 ROSSELLE ST JACKSONVILLE FL 32254-3744 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | 85 Zip Code FL | |

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 **Bernice W. Rule, Bernice W. Rule Pres.** DATE **4/23/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent/Signature required when reinstating)

| | | | |
|--|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME Bernice W. Rule | 1.2 NAME | | |
| STREET ADDRESS 7044 Old Middleburg Rd. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP Jacksonville, FL 32222-1510 | 1.4 CITY-ST-ZIP | | |
| TITLE VICE PRESIDENT <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME Edward L. Rule | 2.2 NAME | | |
| STREET ADDRESS 7044 Old Middleburg Rd. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP Jacksonville, FL 32222-1510 | 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 3.2 NAME | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 6.2 NAME | | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 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: **Bernice W. Rule, BERNICE W. RULE** DATE **4/23/99** DAYTIME PHONE # **904-384-0449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)