

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**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90089 015 \*\*\*150.00

DOCUMENT # **P98000018340**

1. Corporation Name

**NORTH FLORIDA FLEET SERVICE, INC.**

Principal Place of Business

**430 NW 39 AVENUE  
GAINESVILLE FL 32609**

Mailing Address

**P.O. BOX 822  
WALDO FL 32694**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/25/1998**

4. FEI Number

**59-3470427**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ORTON, JAMES R  
430 NW 39 AVENUE  
GAINESVILLE FL 32609**

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 renewing

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ORTON, JAMES R**

STREET ADDRESS **P.O. BOX 316  
HAMPTON FL 32044**

CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **ORTON, BEN A**

STREET ADDRESS **701 SW 75TH TERRACE**

CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ DELETE

NAME **CARRIER, SHIRLEY M**

STREET ADDRESS **RT. 2 BOX 442**

CITY-ST-ZIP **MICANOPY FL 32667**

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 '2

11. TITLE **P** ☒ Change ☐ Addition

12. NAME **ORTON, JAMES R**

13. STREET ADDRESS **17617 NE CTY RD 1471**

14. CITY-ST-ZIP **WALDO, FL 32694**

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE **VP** ☒ Change ☐ Addition

32. NAME **CARRIER, SHIRLEY M.**

33. STREET ADDRESS **4435 NW 217 ST**

34. CITY-ST-ZIP **MICANOPY, FL 32667**

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

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, with all other like empowered

SIGNATURE:

*Shirley M Carrier* **SHIRLEY M. CARRIER**

**3-15-99**

**352-377-6116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)