

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 29, 1999 8:00 am  
Secretary of State

03-29-1999 90068 041 \*\*\*150.00

DOCUMENT # P98000025330

1. Corporation Name

FLORIDA FLEET ONSITE, INC.

Principal Place of Business

1960 BRENGLE AVE  
ORLANDO FL 32808

Mailing Address

1960 BRENGLE AVE  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

59-3500608

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

2. Principal Place of Business

21 8053 Laurel Ridge Rd

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora, FL

Zip

24 32757

25

Country

2a. Mailing Address

26 8053 Laurel Ridge Rd

Suite, Apt. #, etc.

27

City & State

28 Mt. Dora

Zip

29 32757

Country

30

9. Name and Address of Current Registered Agent

PAUSTENBACH, DAVID P  
1960 BRENGLE AVE  
ORLANDO FL 32808

New Address  
Only

10. Name and Address of New Registered Agent

81 Name

David P. Paustenbach

82 Street Address (P.O. Box Number is Not Acceptable)

8053 Laurel Ridge

83

84 City

Mt. Dora

FL

85 Zip Code

32757

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

David P. Paustenbach

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 26, 99

DATE

12. OFFICERS AND DIRECTORS

TITLE PAUSD ☐ DELETE

NAME PAUSTENBACH, DAVID P

STREET ADDRESS 8053 LAUREL RIDGE RD

CITY-ST-ZIP MOUNT DORA FL 32757

TITLE VD ☐ DELETE

NAME PAUSTENBACH, KAREN A

STREET ADDRESS 8053 LAUREL RIDGE RD

CITY-ST-ZIP MOUNT DORA FL 32757

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: David P. Paustenbach David P. Paustenbach Feb 26 99 354-383-7299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)