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

PROFIT CORPORATION ANNUAL REPORT

AMEND

1999

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

APPROVED AND FILED

99 OCT -1 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026185

1. Corporate Name

I-10 TRUCK SALES, INC.

Principal Place of Business

Rt. 1, Box 152-3
Cumberland Drive
Lamont, Fl. 32336

Mailing Address

Rt. 1, Box 152-3
Cumberland Drive
Lamont, Fl. 32336

2. Principal Place of Business

21 Rt. 1, Box 157
Suite, Apt #, etc.
22
City & State
23 Lamont, Fl
Zip
24 32336
Country
25 USA

2a. Mailing Address

26 Rt. 1, Box 157
Suite, Apt #, etc.
27
City & State
28 Lamont, Fl.
Zip
29 32336
Country
30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number
59-3509509
[ ] Applied For
[ ] Not Applicable

5. Certifcate 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 [X] No

9. Name and Address of Current Registered Agent

Brady, Sheryl R.
Rt. 1, Box 157
Lamont, Fl. 32336

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

D/V/T
Brady, Sheryl R.
Rt. 1, Box 152-3
Lamont, Fl. 32336 [ ] DELETE

D/P/S
Brady, John F.
Rt. 1, Box 152-3
Lamont, Fl. 32336 [X] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

D/P/S/T [X] Change [ ] Addition
Brady, Sheryl R.
Rt. 1, Box 157
Lamont, Fl. 32336

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

[ ] Change [ ] Addition

000003006440--6
-10/05/99--01106--003
*****61.25 *****61.25

SP

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: Sheryl R. Brady — Sheryl R. Brady (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 9/22/99 (Date) — 850-342-3444 (Daytime Phone #)

CR2E034 (11/98)