Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90021 005 \*\*\*150.00

## 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

## DOCUMENT # P98000065101

1. Corporation Name

R.E.T. LIGHT TRUCKS & MECHANICAL, INC.

| Principal Place of Business Mailing Address   |  |                     |                         |                                  | * 100 (100 t)  | .0 8(10) 0118+ 11011 00101 1101 1001 |
|---|--|---------------------|-------------------------|----------------------------------|--|--------------------------------------|
| 4211 NORTH ORANGE BLOSSOM TRAILLUNIT A-1 4211 NORTH ORANGE BLOSS  |  |                     | SOM TRAII               | L.UNIT A-1                       |  |                                      |
| ORLANDO FL 32804 ORLANDO FL 32804   |  |                     |                         |                                  | DO NOT WRITE IN THI  | IS SPACE                             |
|   |  |                     |                         |                                  | 3. Date Incorporated or Qualifed   |                                      |
|   |  |                     |                         |                                  | 07/22/1998   |                                      |
| Principal Place of Business     2a. Mailing Address   |  |                     |                         |                                  | 4. FEI Number  | Applied For                          |
| 21  |  |                     |                         |                                  | 59-3523625   | Not Applicable                       |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |                         | 5. Certificate of Status Desired | \$8.75 Additional  |                                      |
|   |  | 27                  |                         |                                  | Fee Required   |                                      |
| City & State  |  | City & State        |                         | 6. Election Campaign Financing   | \$5.00 May Be<br>Added to Fees   |                                      |
| 23 Country  |  | Zip . Country       |                         | Trust Fund Contribution          |  |                                      |
|   |  |                     | <b>-</b> -              | , , .                            | This corporation owes the current year in<br>Personal Property Tax.  | Titangible .<br>* ☐ Yes ☐ No         |
| 24  | 9. Name and Address of Current   | 11                  | , T                     |                                  | 10. Name and Address of New Registered   | d Agent                              |
| - parties   |  |                     |                         | Name                             |  |                                      |
| BAXTER, RICHARD D   |  |                     | 82                      | Street Ad                        | dress (P.O. Box Number is Not Acceptable)  |                                      |
|   | DIPLOMAT CIRCLE,STE.201  |                     | 02                      | Olfeel Au                        | The state of the s |                                      |
| ORL   | ANDO FL 32810  |                     | 83                      |                                  |  |                                      |
|   |  |                     | 84                      | City                             |  | . 85 Zip Code                        |
|   |  |                     |                         | 1 1                              | F  |                                      |
| 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   |  |                     |                         |                                  |  |                                      |
|   |  |                     | egistered Age           | nt signature requ                | ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A   | AND DIRECTORS IN 12                  |
| 12.   |  |                     | 1.1 TITLE               |                                  | ADDITIONS/GIVANGES TO GITTOERS   | ☐ Change ☐ Addition                  |
| NAME  |  |                     | 1.2 NAME                |                                  |  |                                      |
| STREET ADDRESS  | 4044 NODTH ODANOT DI COCCNI TONIL LINIT A 4  |                     |                         | TADORESS                         |  |                                      |
| CITY-ST-ZIP   | ORLANDO FL 32804   | u=q=                | 1.4 CITY-S              | 1                                |  |                                      |
| TITLE   | Control of the contro |                     | 2.1 TITLE               |                                  |  | ☐ Change ☐ Addition                  |
| NAME  | 22.0   |                     | 2.2 NAME                |                                  |  |                                      |
| STREET ADDRESS  | 2.3 S  |                     | 2.3 STREE               | T ADDRESS                        |  |                                      |
| CITY-ST-ZIP   | 2.40   |                     | 2. 4 CITY-              | ST-ZIP                           |  |                                      |
| TITLE   | ☐ DELETE 3.1 T   |                     | 3.1 TITLE               |                                  |  | Change Addition                      |
| NAME  | la e la companyone de la   |                     | 3.2 NAME                |                                  | _  | <u>.</u>                             |
| STREET ADDRESS  |  | -, -                | 1                       | TADDRESS                         | · · · · · · · · · · · · · · · · · · ·  | •                                    |
| CITY-ST-ZIP   |  |                     | 3.4. CITY-              | ST-ZIP                           |  | ☐ Change ☐ Addition                  |
| TITLE   | _ I  |                     | 4.1 TITLE               |                                  |  | Clouding Clyndling                   |
| NAME  |  |                     | 4. 2 NAME               |                                  |  |                                      |
| STREET ADDRESS  |  |                     |                         | T ADDRESS                        |  |                                      |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE            | 4.4 CITY-5<br>5.1 TITLE | 01-ZP                            |  | ☐ Change ☐ Addition                  |
| NAME (  |  | — <u></u>           | 5.2 NAME                |                                  |  | _ · -                                |
| STREET ADDRESS  |  |                     |                         | T ADDRESS                        | ·  |                                      |
| CITY-ST-ZIP   |  |                     | 5.4 CITY-5              | ST-ZIP                           |  | ,                                    |
| TITLE   |  |                     | 6.1 TITLE               |                                  |  | ☐ Change ☐ Addition                  |
| NAME  |  |                     | 6.2 NAME                |                                  |  | ì                                    |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4-12-99

Daytime Phone #