

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # P98000077778 ✓

Corporation Name

C.O.D. TRUCK BROKERS, INC.

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90004 021 \*\*\*550.00



Principal Place of Business  
345-A IRLON BRONSON MEMORIAL HIGHWAY  
T. CLOUD FL 34771

Mailing Address  
5345-A IRLON BRONSON MEMORIAL HIGHWAY  
ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6995 NOVA RD		2a. Mailing Address 26 6995 NOVA RD		3. Date Incorporated or Qualified 09/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3531591	
City & State ST CLOUD FL		City & State 28 ST CLOUD FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34771-9607		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROBERTS, DARR F 5345-A IRLON BRONSON MEMORIAL HIGHWAY ST. CLOUD FL 34771		10. Name and Address of New Registered Agent 81 Name DOROTHY J LUBERDA 82 Street Address (P.O. Box Number is Not Acceptable) 1101 EASTERN AVE 83 84 City ST CLOUD FL 85 Zip Code 34769		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

GNATURE

*Dorothy J. Lubarda*

(NOTE: Registered Agent signature required when reinstating)

7-6-99

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PS DURKIN, ROBERT J 6455 FALL STREET ST. CLOUD FL 34711	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		1.2 NAME	
EET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
E	VT ROBERTS, DARR F 1610A HADDOCK STREET ST. CLOUD FL 34711	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert J. Durkin* 7-6-99 407-957-0100

CR2E034 (5/99)