

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90009 031 ***150.00

DOCUMENT # P9800008004601K
1. Corporation Name
NORTH RIVER TRUCK SALES INC

040113 - 90009 - 31

Principal Place of Business
3511 HWY 301
ELLENTON FL
34222

Mailing Address
3511 HWY 301
ELLENTON FL
34222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3511 HWY 301
Suite, Apt. #, etc.
22 ELLENTON
City & State
23 FL
Zip
24 34222
Country
25 USA

2a. Mailing Address
26 3511 HWY 301
Suite, Apt. #, etc.
27 ELLENTON
City & State
28 FL
Zip
29 34222
Country
30 USA

3. Date Incorporated or Qualified

11-13-98

4. FEI Number

65-0869596

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

10. Name and Address of New Registered Agent

81 Name
GREG MOWAT
82 Street Address (P.O. Box Number is Not Acceptable)
3511 HWY 301
83 ELLENTON
84 City
FL
85 Zip Code
34222

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)

4-30-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GREG MOWAT PRES. ☐ DELETE
3511 HWY 301
ELLENTON FL 34222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P.
JEFF GIGUERE ☐ DELETE
3511 HWY 301
ELLENTON FL 34222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
TAMMY MOWAT ☐ DELETE
3511 HWY 301
ELLENTON FL 34222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 723 1158
Date Daytime Phone #

CR2E034 (11/98)