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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66735 (9)

1. Corporation Name

FORT MYERS TRUCK AND AUTO LAND, INC.

Principal Place of Business

18065 S TAMAMI TRAIL
FT MYERS FL 33908-4242

Mailing Address

18065 S TAMAMI TRAIL
FT MYERS FL 33908-4242

3. Date Incorporated or Qualified
07/16/1991

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 5686 BUNNQUIST RD

Suite, Apt. #, etc.

22 #13

City & State

23 FT MYERS, FL

Zip

24 33912

Country

25 USA

2a. Mailing Address

26 16520 S. TAMAMI TR

Suite, Apt. #, etc.

27 #18-311

City & State

28 FT MYERS, FL

Zip

29 33908

Country

30 USA

4. FEI Number
65-0275348

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CASTO, GEORGE R
18065 S TAMAMI TR
SUITE 16
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

GEORGE R CASTO

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

16520 S. TAMAMI TR #18-311

83

84 City

FT MYERS

FL

85 Zip Code

33908

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

TITLE

PD
CASTO, GEORGE R.
4031 BAYSIDE RD
FT. MYERS FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

STD
CASTO, CONNIE E
4031 BAYSIDE ROAD
FT. MYERS FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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☐ Addition

14. I do 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:

CONNIE E CASTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0390482

CR2E034 (9/96)