

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S80853** (2)

1. Corporation Name

ORANGE COUNTY TRUCK AND TRAILER, INC.



Principal Place of Business

**12475 W COLONIAL DR
WINTER GARDEN FL 34787
US**

Mailing Address

**12475 W COLONIAL DR
WINTER GARDEN FL 34787
US**

3. Date Incorporated or Qualified

09/13/1991

3a. Date of Last Report

02/08/1995

4. FEI Number

59-3080490

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUSE, CARL
411 ROBYNS GLENN
OCOE FL 34761**

81 Name

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

924 Red Dandy Street

83

84 City
Orlando

FL

85 Zip Code
32818

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P
BURNS, JOHN**
STREET ADDRESS **7811 GREGORY BLVD.**
CITY-ST-ZIP **KANSAS CITY MO**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T
CROUSE, CARL**
STREET ADDRESS **3230 TCU BLVD.**
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **S
MCGEE, DORLAN J**
STREET ADDRESS **10532 4TH AVENUE**
CITY-ST-ZIP **OCOE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP

**924 Red Dandy Street
Orlando FL 32818**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorlan J. McGee* Dorlan J McGee, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

407-877-3636

Date

Office Phone #

CR2E034 (12/95)