

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 # S96526

(6)

1. Corporation Name

2-J TRUCK SALE & REPAIR, INC.



Principal Place of Business
4030 E. 7TH AVE
8810 EAST COLUMBUS DR.
TAMPA FL 33605

Mailing Address
4030 E. 7TH AVE
8810 EAST COLUMBUS DR.
TAMPA FL 33605

2. Principal Place of Business
21 4030 E. BROADWAY AVE
Suite, Apt. #, etc.
22
City & State
23 TAMPA FL
Zip
24 33605
County
25 Hills
26 4030 E. BROADWAY AVE
Suite, Apt. #, etc.
27
City & State
28 TAMPA FL
Zip
29 33605
County
30 Hills

3. Date Incorporated or Qualified 11/25/1991
3a. Date of Last Report 04/26/1995
4. FEI Number 59-3109909
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

RODRIGUEZ, CARMEN
11018 N. DALE MABRY
TAMPA FL 33618-4997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature of officer or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when reappointing)

4/17/96
DATE

12. OFFICERS AND DIRECTORS
TITLE PTD ☐ DELETE
NAME DOMINGUEZ, JAIME
STREET ADDRESS 9708 SHALIMAR COURT
CITY-ST-ZIP TAMPA FL
TITLE VSD ☐ DELETE
NAME DOMINGUEZ, CARMEN
STREET ADDRESS 9708 SHALIMAR COURT
CITY-ST-ZIP TAMPA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(a), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
Date

Daytime Phone #

CR2E034 (12/95)