FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V37405** **(0)**

1. Corporation Name
TRUCK SUPPLY OF WAUCHULA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1468 WAUCHULA FL 33873	P.O. BOX 1468 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc. 27
28 City & State
29 Zip 30 Country

4. FEI Number: **65-0337558** ☐ 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

~~AKINS, WENDELL M.~~
~~206 EAST 6TH AVENUE~~
~~ZOLFO SPRINGS FL 33890~~

10. Name and Address of New Registered Agent

81 Name: Roy F. Adams, SR.
82 Street Address (P.O. Box Number is Not Acceptable): 9000 W. Sheridan Street
83 Suite 170
84 City: Pembroke Pines FL 85 Zip Code: 33024

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: Roy F. Adams, Sr. R.A. 1/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	AKINS, WENDELL M.	1.2 NAME	
STREET ADDRESS	206 EAST 6TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP XX Change ☐ Addition
NAME	~~STUMP, WILLIAM R.~~	2.2 NAME	William R. Stump
STREET ADDRESS	401 EAST 8TH AVENUE	2.3 STREET ADDRESS	401 East 8th Avenue
CITY-ST-ZIP	ZOLFO SPRINGS FL	2.4 CITY-ST-ZIP	Zolfo Springs, FL 33890
TITLE		3.1 TITLE	ST ☐ Change XX Addition
NAME		3.2 NAME	Marilley Weber
STREET ADDRESS		3.3 STREET ADDRESS	401 East 8th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Zolfo Springs, FL 33890
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 addition.

SIGNATURE: Wendell M Akins 4-28-95 813-735-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448108 FP