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 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60459** **(7)**

1. Corporation Name
FORTY ACRE TRUCK STOP, INC.

Principal Place of Business	Mailing Address
2025 W MEMORIAL BLVD LAKELAND FL 32801	2025 W MEMORIAL BLVD LAKELAND FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1992**
3a. Date of Last Report: **09/13/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **59-3138737** ☐ Applied For ☐ Not Applicable
22 State, Apt. # or P.O.
27 State, Apt. # or P.O.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip 25 Country
29 Zip 30 Country
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARRISH, CARY
6503 US HWY 301
TAMPA FL 33610

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
7 TITLE	P	11 TITLE	☐ Change ☐ Addition
8 NAME	PARRISH, CARY	12 NAME	
9 STREET ADDRESS	6503 US HWY 301	13 STREET ADDRESS	
10 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
15 TITLE	D	21 TITLE	☐ Change ☐ Addition
16 NAME	PARRISH, KAROL	22 NAME	
17 STREET ADDRESS	6503 US HWY 301	23 STREET ADDRESS	
18 CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
19 TITLE		31 TITLE	☐ Change ☐ Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY ST ZIP		34 CITY ST ZIP	
23 TITLE		41 TITLE	☐ Change ☐ Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY ST ZIP		44 CITY ST ZIP	
27 TITLE		51 TITLE	☐ Change ☐ Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY ST ZIP		54 CITY ST ZIP	
31 TITLE		61 TITLE	☐ Change ☐ Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is complete and accurate. I/We 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: Cary Parrish, Pres. 4/24/95 813-623-1548
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0312895 CP