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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90153 019 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000026185**

1. Corporation Name  
**F-10 TRUCK SALES, INC.**

Principal Place of Business

RT 1, BOX 152-3  
 CUMBERLAND DRIVE  
 LAMONT FL 32336

Mailing Address

RT 1, BOX 152-3  
 CUMBERLAND DRIVE  
 LAMONT FL 32336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1998**

4. FEI Number

**59-3509509**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BRADY, SHERYL R**  
**RT 1, BOX 152-3**  
**CUMBERLAND DRIVE**  
**LAMONT FL 32336**

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

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  DELETE  
 NAME **D BRADY, SHERYL R**  
 STREET ADDRESS **RT 1, BOX 152-3**  
 CITY-ST-ZIP **LAMONT FL 32336**

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

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 **D/V/T Brady, Sheryl R.**  
 1.3 STREET ADDRESS **Rt. 1, Box 152-3**  
 1.4 CITY-ST-ZIP **Lamont, Fl 32336**

2.1 TITLE  Change  Addition  
 2.2 NAME **D/P/S Brady, John F.**  
 2.3 STREET ADDRESS **Rt.1, Box 152-3**  
 2.4 CITY-ST-ZIP **Lamont, Fl 32336**

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 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, with all other like empowered.

SIGNATURE: *SHERYL RIVELS BRADY* **SHERYL RIVELS BRADY** 3-10-99 850-342-3444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)