

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
AMENDMENT
ANNUAL REPORT
1999



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

APPROVED
AND
FILED

99 OCT -1 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000026185**

I-10 TRUCK SALES, INC.

1. Name of Place of Business: **Rt. 1, Box 152-3
Cumberland Drive
Lamont, Fl. 32336**

2. Mailing Address: **Rt. 1, Box 152-3
Cumberland Drive
Lamont, Fl. 32336**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Name of Place of Business: **Rt. 1, Box 157**

2a. Mailing Address: **Rt. 1, Box 157**

26. City & State: **Lamont, Fl.**

28. Country: **USA**

27. City & State: **Lamont, Fl.**

29. Country: **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Brady, Sheryl R.
Rt. 1, Box 157
Lamont, Fl. 32336**

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

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 agent, its 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 OF REGISTERED AGENT AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE
**D/V/T
Brady, Sheryl R.
Rt. 1, Box 152-3
Lamont, Fl. 32336**

DELETE
**D/P/S
Brady, John F.
Rt. 1, Box 152-3
Lamont, Fl. 32336**

Change Addition
**D/P/S/T
Brady, Sheryl R.
Rt. 1, Box 157
Lamont, Fl. 32336**

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-10/05/93-01106-003
*****61.25 *****61.25

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 included 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 R. Brady** **Sheryl R. Brady** 9/22/99 850-342-3444
Signature of Signer or Director Date Daytime Phone #

CR2E034 (1/1/98)

SP