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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K70353 (3)
1. Corporation Name
NAPLES CUSTOM HITCH AND TRAILER SALES, INC.



Principal Place of Business
4501 TAMiami TRAIL N.
SUITE 400
NAPLES FL 33940
US

Mailing Address
4501 TAMiami TRAIL N.
SUITE 400
NAPLES FL 34103-3013
US

3. Date Incorporated or Qualified
03/06/1989

3a. Date of Last Report
04/29/1996

4. FEI Number
65-0103537

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

2. Principal Place of Business
21 9891 East Davis Blvd.
Suite, Apt. #, etc.

22 City & State
23 Naples FL 34104

24 Zip
25 Collier

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.

28 City & State

29 Zip
30 Country

9. Name and Address of Current Registered Agent
BUCKEL, ROBERT M.
4501 TAMiami TRAIL N
SUITE 400
NAPLES FL 33940

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DPV
BARR, JAMES A., III
3135 42ND TERRACE
NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
BARR, JONNIE K.
3135 42ND TERRACE
NAPLES

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
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CITY - ST - ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE: Jonnie K. Barr, Jonnie K. Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 941-643-2513
Date Daytime Phone #

CR2E034 (9/96)