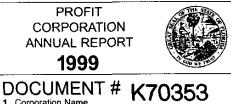
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90078 030 ***150.00

1. Corporation NAPLES	CUSTOM HITCH AND TR		INC.						
Principal Place	e of Business	Mailing Addr	ress			f innimit min remi enten ilita ar		Itali binir asars n	1811 81811 1981
3891 E DAVIS BLVD 4501 TAMIAMI TRAIL N.									
NAPLES FL 34104 SUITE 400						DO NOT WRITE IN THIS SPACE			
US NAPLES FL 33940 US						3. Date Incorporated or Qualifed			
		03				03/06/1989			1
2. Principal P	lace of Business	2a. Mailing A	Address		•	4. FEI Number		Ap	plied For
21		26			65-0103537 Not Ap		t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27			5. Certificate of Status Desired		Fee Re	quired	
City & State City & State			tate			6. Election Campaign Financing		\$5.00	, ,
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country		8. This corporation owes the curr	ent year In		
24	25	29	30	<u>L</u>		Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Age	ent	81	Name	10. Name and Address of New F	egistereu	Agent	
RIIC	KEL, ROBERT M.			["]	1101110				
	I TAMIAMI TRAIL N				Street Addr	ress (P.O. Box Number is Not Accepta	ıble)		
SUITE 400 NAPLES FL 33940				83					
MAFELS I L 33340				84	City		FL	85 Zip (Code
	1	F00 4 607 4 F00 I	Elezida Statutos	the above	- named com	poration submits this statement for the on's board of directors. I hereby accept		changing its	registered
office or r agent. I a SIGNATURE	т татшаг with, алд ассерт те общ	gations of, Section 6	007.0000, Florida	a Statutes	•		DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Re	13.	it signature require	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	DPV		DELETE	1.1 TITLE				Change	☐ Addition
NAME	BARR, JAMES A., III		_	1.2 NAME					
STREET ADDRESS	3135 42ND TERRACE			l .	ADDRESS				Í
CITY-ST-ZIP	NAPLES FL			14 CITY-S					ļ
TITLE	ST		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	BARR, JONNIE K.			2.2 NAME		•			Į
STREET ADDRESS	ALAN AND TERRIAL			2.3 STREET	TADDRESS				ľ
CITY-ST-ZIP	NAPLES			2. 4 CITY-9	ST-ZIP				
TITLE	100 220		☐ DELETE	31 TITLE		-	o.#	Change T	Addition:
NAME				3.2 NAME					}
STREET ADDRESS				33 STREET	T ADDRESS				
CITY-ST-ZIP				3.4. CITY- 9	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE		•		Change	☐ Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET	T ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE		1	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME					ĺ
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			Channa	☐ Addition
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME	T ADDOCAS				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				6.4 CITY-\$	T-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: