

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # 157959

(8)

95 MAY -1 11 21

TRI-STATE TRAILER SALES INC

SECURITY OFFICE
TALLAHASSEE, FLORIDA

Principal Office: (Mailing Address)
C S CALDWELL
APT 18C 1111 NO. GULFSTREAM AVE.
SARASOTA FL 34236

Mailing Address:
C S CALDWELL
APT 18C 1111 NO. GULFSTREAM AVE
SARASOTA FL 34236

USE THIS SPACE FOR ADDITIONAL INFORMATION

2. Principal Office (Mailing Address)		2a. Mailing Address		3. Date of Incorporation (Required)		3a. Date of Last Report	
21		26		05/09/1949		05/01/1994	
22		27		4. FE Number		Applied For / Not Applicable	
23		28		59-0596604			
24		29		5. Certificate of Status Requested		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing / Political Fund Contributions		\$5.00 May Be Added to Fees	
				7. Does corporation have liability for outstanding obligations?			
				Florida Statutes: ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDWELL, C S
1111 NO. GULFSTREAM AVE.
SARASOTA FL 34236

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 602.01, 602.02, and 602.03, Florida Statutes, the undersigned, corporate officer, hereby certifies that the purpose of changing its registered office or registered agent, set forth in the above filing, such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, with or without the appointment of a new registered agent, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. APPLICANT (Solely for the purpose of filing a report)
NAME: PD CALDWELL, C S	NAME: [] Change [] Addition
STREET ADDRESS: 1111 N GULFSTREAM APT 18	STREET ADDRESS: [] Change [] Addition
CITY: SARASOTA FL	CITY: [] Change [] Addition
NAME: DST	NAME: [] Change [] Addition
STREET ADDRESS: REYNOLDS, LEROND	STREET ADDRESS: [] Change [] Addition
CITY: R2 BOX 36	CITY: [] Change [] Addition
STATE: CAVE CITY, KY 00000	STATE: [] Change [] Addition
NAME:	NAME: [] Change [] Addition
STREET ADDRESS:	STREET ADDRESS: [] Change [] Addition
CITY:	CITY: [] Change [] Addition
NAME:	NAME: [] Change [] Addition
STREET ADDRESS:	STREET ADDRESS: [] Change [] Addition
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CITY:	CITY: [] Change [] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.01, Florida Statutes. I further certify that the information is filed for this annual report or supplemental annual report of this corporation and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the registered agent or authorized person to make this report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment hereto with an address.

SIGNATURE:

C S Caldwell

C.S. CALDWELL
PRESIDENT

4-29-95 813-955-6318