FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **157959** **(8)**

1. Corporation Name
TRI-STATE TRAILER SALES INC

Principal Place of Business
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **05/09/1949**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0596604** 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

9. Name and Address of Current Registered Agent
CALDWELL,C S
1111 NO. GULFSTREAM AVE.
SARASOTA FL 34236

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 Section 607.0502 and 607.0505, 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. I hereby accept the appointment as registered agent. I am familiar with, and I agree to comply with the provisions of Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CALDWELL,C S	
STREET ADDRESS	1111 N GULFSTREAM APT 18	
CITY, ST, ZIP	SARASOTA FL	
TITLE	DST	☐ DELETE
NAME	REYNOLDS, LEROND	
STREET ADDRESS	R2 BOX 36	
CITY, ST, ZIP	CAVE CITY, KY 00000	
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. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attached amendment, or other place within this report.

SIGNATURE: C S Caldwell C S CALDWELL 3/30/96 941-955 6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #