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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 516624

(4)

N & N TRAILER SALES & SERVICE, INC.

FILED
Mar 07 1997 8:00am
Secretary of State

Principa' Plac	ce of Business	Mailing Address					
3135 HIGHWAY LAKELAND FL		3135 HIGHWAY 82 EAST LAKELAND FL 33801-8234					
						3. Date Incorporated or Qualified 10/19/1976 3a. Date of Last Report 03/06/1996	
2. Principal F 21	Tace of Business	2a. Mailing Address				4. FEI Number Applied For 59-1696574 Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
Crty & Stal		City & State			<u> </u>	6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Cour 30	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	9, Name and Address of Curren	t Registered Agent		1	·	10. Name and Address of New Registered Agent	
	EN, NORMAN P		Į.	81	Name		
r –	5 HARDIN COMBEE RD ELAND, FL		L	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
3380	01		Į	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 fam fam fam with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	01 .06	·			Ph	3-3-97	
ļ			Registered	Agen	it signature require	ed when reinstating) DATE	
12.	OFFICERS AND	DELETE	1.1 ŤſŢ	16		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	ETGEN, NORMAN	C Meete	1,2 NA				
STREET ADDRESS	2715 HARDIN COMBEE RD		- 1		ADDRESS		
\	LAKELAND, FL 00000		1.4 CIT		i i		
C-TY - ST - ZIP TITLE	ST	DELETE	2.1 111		- ZIF	Change Addition	
NAME	ETGEN, ROSE		2.2 NA				
STREET ADDRESS	2715 HARDIN COMBEE RD				ADDRESS		
CITY - S1 - ZIP	LAKELAND, FL 00000		2 4 C!		1		
TOLE	D	☐ DELETE	3 1 TIT			Change Addition	
NAME	ETGEN, NORMAN P		32 NA	ME			
STREET AUDRESS	2715 HARDIN COMBEE RD		3.3 \$11	REET #	address (
CITY-ST-ZiP	LAKELAND, FL 00000		3.4. CI	TY - \$1	T - ZIP		
THEF		DELETE	4.1 TIT	LE		Change Addition	
NAME			4. 2 NA	ME	1		
STREET ADDRESS			4.3 ST	REET A	ADDRESS		
CITY-ST ZIP			4.4 CIT	Y-\$T	- ZIP		
TITLE		DELETE	5 1 TiT	LE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET A	address		
Crty-St-ZiP			5.4 CH	Y-ST	- ZIP		
THLE		DELFTE	6 1 TIT	LE		Change Addition	
NAME			6.2 NA	ME			
STREET ADURESS			6351	REETA	ADDRESS .		

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, or on an attachment with an address. SIGNATURE:

941-666 1998 Daylime Phone #