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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

	····			
1. Corporation		` '		
N & N	I TRAILER SALES & SERVIC	E, INC.		
				:
1	ce of Business	Mailing Address		
3135 HIGHWAY 92 EAST 3135 HIGHWAY 92 EAST LAKELAND FL 33801 LAKELAND FL 33801				
LAKELSHO I	2 00001	CHILCOID I E 00001		DO NOT WRITE IN THIS SPACE
ĺ				3. Date Incorporated or Qualified
				10/19/1976
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 26				59-1696574 Not Applicable
22	<i>w</i> , 60.	27	••	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
Er	9. Name and Address of Current GEN, NORMAN P	n Registered Agent	81 Na	10. Name and Address of New Registered Agent Name
	15 HARDIN COMBEE RD			
LAKELAND, FL				
	801		83	
			24 0	
			84 Cit	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050.	2 and 607.1508, Florida Stati	utes, the above-nan	amed corporation submits this statement for the purpose of changing its registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, I	s authorized by the Florida Statutes.	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				<u> </u>
12.	Signature, typed or printed name of registered age OFFICERS AND		OTE: Registered Agent sign	Ignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS OF ICE IS A K	DELETE	1.1 TITLE	Change Addition
NAME	ETGEN, NORMAN		1.2 NAME	
STREET ADDRESS	2715 HARDIN COMBEE RD		1,3 STREET ADDRE	PRESS
CITY - ST - ZIP	LAKELAND, FL 00000		1.4 CITY-ST-ZIP	iP
TITLE	ST PAGE	☐ DELETE	2,1 TITLE	Change Addition
NAME	ETGEN, ROSE		2.2 NAME	
STREET ADDRESS	2715 HARDIN COMBEE RD LAKELAND, FL 00000		2.3 STREET ADDRE	
CITY-SI-ZIP	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
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STREET ADORESS	2715 HARDIN COMBEE RD		3.3 STREET ADDRE	DRESS .
CITY-ST-ZIP	LAKELAND, FL 00000		3.4. CITY - ST - ZIP	in the second se
TITLE		DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4,3 STREET ADDRE	i
CITY-ST-ZIP		- Carier	4,4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME CTREET ADDRESS			5,2 NAME 5,3 SYREET ADDRE	nocce i
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	RESS
CITY-SI-ZIP			6.4 CITY - ST - ZIP	
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Interest serving the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.