

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527508

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: FLORIDA UTILITY TRAILERS, INC.

**Current Principal Place of Business:**

1101 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-1726491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BEVILLE, JR., JACK T VP  
1101 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEPHENS, KELLY D.  
Address: 1250 LEXINGTON PKWY.  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: STEPHENS, CAROLYN M.  
Address: 1250 LEXINGTON PKWY.  
City-St-Zip: APOPKA, FL 32712

Title: T  
Name: LOVE, NORMA  
Address: 1802 ORCHARD DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: BEVILLE JR., JACK  
Address: 3909 GOUROCK COURT  
City-St-Zip: APOPKA, FL 32703

Title: S  
Name: LOVE, NORMA  
Address: 1802 ORCHARD DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY D STEPHENS

PRES

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date