FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:26

DOCUMENT # 549161 (8)

1. Corporation Name
FORT MYERS TRAILER SUPPLY, INC.

Principal Place of Business	Mailing Address
3111 CLEVELAND AVE FORT MYERS FL 33901	3111 CLEVELAND AVE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1977
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1790961 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TENNISON, JOYCE M
1654 BRAMAN AVE
FT MYERS FL 33901

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	V.PRESIDENT	☐ Change ☒ Addition
NAME	TENNINSON, BYRON	1.2 NAME	RICE, JAMES	
STREET ADDRESS	1654 BRAMAN AVE	1.3 STREET ADDRESS	8896 FORDHAM	
CITY-ST-ZIP	FT MYERS 00000	1.4 CITY-ST-ZIP	FT.MYERS, FL 33907	
TITLE	T	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TENNINSON, JOYCE	2.2 NAME	TENNISON, BYRON	
STREET ADDRESS	1654 BRAMAN AVE	2.3 STREET ADDRESS	1654 BRAMAN AVE.	
CITY-ST-ZIP	FT MYERS 00000	2.4 CITY-ST-ZIP	FT.MYERS, 33901	
TITLE	S	3.1 TITLE	TREASURE	☒ Change ☐ Addition
NAME	RICE, KAREN	3.2 NAME	TENNISON, JOYCE	
STREET ADDRESS	88969 FORDHAM	3.3 STREET ADDRESS	1654 BRAMAN AVE.	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	FT.MYERS, FL 33901	
TITLE	D	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LYONS, PAMELA	4.2 NAME	RICE, KAREN	
STREET ADDRESS	1465 BRAMAN AVE	4.3 STREET ADDRESS	8896 FORDHAM	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT.MYERS, FL 33907	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TENNISON, MICHAEL DR	5.2 NAME		
STREET ADDRESS	110 COLBURN POINT	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC 27516	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joyce Tennison 3-13-95 (813) 936 2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOYCE TENNINSON

0310466 CP