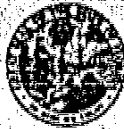


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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

3111 CLEVELAND AVE
FORT MYERS FL 33901

Mailing Address

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

4. FEI Number

59-1790961

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TENNINSON, BYRON
STREET ADDRESS 1654 BRAMAN AVE
CITY-ST-ZIP FT MYERS 00000

TITLE T
NAME TENNINSON, JOYCE
STREET ADDRESS 1654 BRAMAN AVE
CITY-ST-ZIP FT MYERS 00000

TITLE S
NAME RICE, KAREN
STREET ADDRESS 8896 FORDHAM
CITY-ST-ZIP FT MYERS FL

TITLE D
NAME LYONS, PAMELA
STREET ADDRESS 1465 BRAMAN AVE
CITY-ST-ZIP FT MYERS FL

TITLE D
NAME TENNISON, MICHAEL DR
STREET ADDRESS 110 COLBURN POINT
CITY-ST-ZIP CHAPEL HILL NC 27510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. PRESIDENT ☐ Change ☒ Addition

1.2 NAME RICE, JAMES

1.3 STREET ADDRESS 8896 FORDHAM

1.4 CITY-ST-ZIP FT.MYERS, FL 33901

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME TENNISON, BYRON

2.3 STREET ADDRESS 1654 BRAMAN AVE.

2.4 CITY-ST-ZIP FT.MYERS, 33901

3.1 TITLE TREASURE ☒ Change ☐ Addition

3.2 NAME TENNISON, JOYCE

3.3 STREET ADDRESS 1654 BRAMAN AVE.

3.4 CITY-ST-ZIP FT.MYERS, FL 33901

4.1 TITLE SECRETARY ☒ Change ☐ Addition

4.2 NAME RICE, KAREN

4.3 STREET ADDRESS 8896 FORDHAM

4.4 CITY-ST-ZIP FT.MYERS, FL 33907

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOYCE TENNINSON

3-13-95

(813) 926 2359