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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90105 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 549161

1. Corporation Name

FORT MYERS TRAILER SUPPLY, INC.

Principal Place of Business

Mailing Address

1003 E. OAK STREET  
UNIT B4  
ARCADIA FL 34266-8943  
US

1003 E. OAK STREET  
UNIT B4  
ARCADIA FL 34266-8943  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1977

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENNISON, JOYCE M  
1654 BRAMAN AVE  
FT MYERS FL 33901

81 Name

Karen Rice

82 Street Address (P.O. Box Number is Not Acceptable)

1454 Cumberland Court

83

84 City

Ft. Myers

FL

85 Zip Code

33919

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

Karen Rice

Karen Rice

3-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TENNINSON, BYRON	
STREET ADDRESS	1654 BRAMAN AVE	
CITY-ST-ZIP	FT MYERS 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, PAMELA	
STREET ADDRESS	1465 BRAMAN AVENUE	
CITY-ST-ZIP	FT MYERS 00000	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TENNISON, JOYCE	
STREET ADDRESS	1654 BRAMAN AVE.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	RICE, KAREN	
STREET ADDRESS	8896 FORDHAM	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TENNISON, MICHAEL DR	
STREET ADDRESS	110 COLBURN POINT	
CITY-ST-ZIP	CHAPEL HILL NC 27516	

TITLE	V	<input type="checkbox"/> DELETE
NAME	RICE, JAMES	
STREET ADDRESS	8896 FORDHAM	
CITY-ST-ZIP	FT. MYERS FL	

1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Rice	
1.3 STREET ADDRESS	1454 Cumberland Court	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Karen Rice	
2.3 STREET ADDRESS	1454 Cumberland Court	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33919	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Karen Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

941-993-0955

Daytime Phone #

CR2E034 (11/98)