NAME

STREET ADDRESS

SIGNATURE

CITY - ST - ZIP

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 627164 (7)TRAILER SALES, INC. Principal Place of Business Mailing Address 2200 GULF BLVD 2200 GULF BLVD BELLEAIR BEACH FL 33786 BELLEAIR BEACH FL 33786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1951803 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 🗷 Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SINGER, HAROLD T 2200 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) BELLEAIR BEACH FL 33786 83 84 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 registerod agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. CFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE DELETE TITLE Change Addition SINGER, HAROLD T NAME 1.2 NAME 2200 GULF BLVD. STREET ADDRESS 1.3 STREET ADDRESS 33786 BELLEAIR BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP [] DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ DELETE ☐ Change TITLE Addition 6.1 TITLE

6.2 NAME

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 thistely empowered to execute this report as required by Charges of Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attachment with an address.

6.3 STREET ADDRESS

460-4240

6.4 CITY-ST-ZIP