

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **660178** (5)
1. Corporation Name
SCOTTIE'S TRAILER SUPPLIES, INC.



Principal Place of Business 1212 RT 17 S PO BOX 680 SATSUMA FL 32189	Mailing Address 1212 RT 17 S PO BOX 680 SATSUMA FL 32189
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1980	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1976215		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAPPAN, BYRON D. 1212 RT 17 S PO BOX 680 SATSUMA FL 32089		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 fee, if applicable

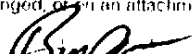
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	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 in an attachment with an address.

SIGNATURE



3/2/98

1998-03-06

CR2E034 (10/97)