

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835868

(1)

1. Corporation Name

MARK'S TRAILER SALES, INCORPORATED



Principal Place of Business

Mailing Address

LINDA LAKE GROVES
20645 ARTHUR CT
LUTZ FL 33549

LINDA LAKE GROVES
20645 ARTHUR CT
LUTZ FL 33549

3. Date Incorporated or Qualified

03/03/1976

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

26

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

47-0405735

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

10. Name and Address of New Registered Agent

SCHUELE, MARK
LINDA LAKE GROVES
20645 ARTHUR CT
LUTZ FL 33549

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 of person who is the registered agent for the corporation

Signature of Registered Agent (Signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SCHUELE, MARK
STREET ADDRESS
20645 ARTHUR CT
CITY-STATE-ZIP
LUTZ, FL 00000

TITLE ☐ DELETE

NAME
SCHUELE, PHYLLIS
STREET ADDRESS
20645 ARTHUR CT
CITY-STATE-ZIP
LUTZ, FL 00000

TITLE ☐ DELETE

NAME
BRADY, CINDY
STREET ADDRESS
9783 INDEPENDENCE STREET
CITY-STATE-ZIP
WEST MINSTER, CO 0

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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:

Mark Schuele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

949-3750

Date

Display Phone #

CR2E034 (12/95)