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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 843419

1. Corporation Name

MORGAN TRAILER MFG. CO.

Principal Place	of Business	Mailing Address					1 (100) (10) (10) (10) (10)	•••	
8108 N HWY 30 301 INDUSTRIAL TAMPA FL 3363	L PARK	ONE MORGAN WAY MORGANTOWN PA 19543				,	DO NOT WRITE IN THIS SPACE		
US								3. Date Incorporated or Qualifed 06/11/1979	
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For	r	
21		26					25-1151457 Not Applica	ble	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75 Additional Fee Required	i	
City & State	е .		City & State - =-			.	6. Election: Campaign Financing. Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	25	Country	Zip		30	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
		d Address of Current		Agent	11	$\neg \neg$		10. Name and Address of New Registered Agent	
						81	Name	9	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						82	Street	st Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324						83			
						L			
						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						_		e required when reinstating) DATE	ľ
	Signature, typed or p	ninted name of registered agent		,		tered Age/	t signature r	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
12.	CEO	OFFICERS AND) DIRECTOR	DELETE		.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN T	
TITLE	HUNT, PETE	:D		L. DELETE	1	.2 NAME			
NAME	ONE MORG				1		ADDRESS	e e	
STREET ADDRESS		WN PA 19543						3	
CITY-ST-ZIP	CFO	111111111111111111111111111111111111111		DELETE	_	.4 CITY-5	I-ZIF	CFO □ Change ASAd	dition
	JOHNSON,	LISA		/(3,522.7.2		2 NAME		DON HOHMSTINE	
NAME STREET ADDRESS	ONE MORG				1		ADDRESS		
}		WN PA 19543			- 1	2. 4 CITY-S		MORE PUTOUN PR 19543	ľ
CITY-ST-ZIP	VP			DELETE	_	3.1 TITLE	1-4,1	VP Change Ad	dition
NAME	CURRAN, B			•	3	3.2 NAME		JAMES ERVEN	
STREET ADDRESS	ONE MORG						ADORESS	SONE MORGAN WAY	
CITY-ST-ZIP		WN PA 19543				4. CITY-S		MORGANTOWN, PA 19543	
TITLE	VP	7		DELETE		I.1 TITLE		₩ □ Change ► Ad	dition
NAME	STAFFORD,	BRIAN		•	4	. 2 NAME		HAROLD HOLM	

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ONE MORGAN WAY

MORGANTOWN PA 19543

☐ DELETE

☐ DELETE

ONE MORGAN, WAY

JOSEPH BATCHER

ONE MOREAN WAY

MORSANTOWN, PR

MORFANTOWN, PA

Change

Change

Addition

☐ Addition