

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F83281** (8)  
1. Corporation Name  
**RIVER TRAILERS, INC.**

Principal Place of Business  
**184 INDUSTRIAL LOOP S  
ORANGE PARK FL 32073  
US**

Mailing Address  
**P.O. BOX 1419  
ORANGE PARK FL 32067-8419**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1982</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>59-2195431</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KESTING, MARY LOU 184 INDUSTRIAL LOOP S ORANGE PARK FL 32073</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>GEORGE R BEASLEY</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>184 INDUSTRIAL LOOP S</b>
				83	
				84 City	<b>ORANGE PARK, FL</b>
				85 Zip Code	<b>32073</b>

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 *George R Beasley* **GEORGE R BEASLEY, PRES** **4-29-98**  
Signature of registered agent or officer authorized to accept appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESTING, MARY LOU</b>	1.2 NAME	
STREET ADDRESS	<b>2127 GAMMA COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESTING, DOUGLAS W</b>	2.2 NAME	
STREET ADDRESS	<b>2127 GAMMA COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>PSTD</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>GEORGE R BEASLEY</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>3759 RANDALL RD</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>REVONDA L BEASLEY</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>3759 RANDALL RD</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>HARTLEY SANDT</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>2425 BOWWOOD LANE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>ORANGE PARK, FLA 32073</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: *George R Beasley* **GEORGE R BEASLEY** **4-29-98** **44218 9991**

CR2E034 (10/97)