

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

APPROVED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DEC 25 11 31

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003123 (7)

1. Corporation Name

SOUTH - TEK TRAILER SALES, INC.



Principal Place of Business

Mailing Address

5700 INDUSTRIAL BOULEVARD
MILTON FL 32583

5700 INDUSTRIAL BOULEVARD
MILTON FL 32583

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1993

3a. Date of Last Report

01/30/1995

4. FEI Number

59-3160009

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

RUOPP, FRITZ
5700 INDUSTRIAL BOULEVARD
MILTON FL 32583

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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. Karen B. Rozar, as its agent

SIGNATURE

Karen B. Rozar

(NOTE: Registered Agent Signature required when registering.)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME MASH, NATHAN
STREET ADDRESS 19516 PLANTERS POINT DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE DST ☐ DELETE
NAME ELLIN, LESTER
STREET ADDRESS ONE CORPORATE CENTER, SUITE 335
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE DVP ☐ DELETE
NAME IRWIN, SHIRLEY
STREET ADDRESS 5700 INDUSTRIAL BOULEVARD
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
100001795311
-04/25/96--01104--016
****200.00 ****200.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 or changed on an attachment with an address.

SIGNATURE:

Leslie Egan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

410-727-5735

Daytime Phone

CR2E034 (12/95)