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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000001884**

1. Corporation Name
FRUEHAUF TRAILER SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 17301 NW SECOND AVE, MIAMI FL 33169 US
 Mailing Address: 1013 CENTRE RD, WILMINGTON DE 19005

3. Date Incorporated or Qualified: **04/11/1997**

4. FEI Number: **35-2012484** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: **Controller**
 82 Street Address (P.O. Box Number is Not Acceptable): **Rick B. Davis**
1000 Sagamore Parkway South
Lafayette, IN 47905
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	EHRlich, DONALD J	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	EHRlich, DONALD J	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	
TITLE	DCVT	<input type="checkbox"/> DELETE
NAME	HOLDEN, MARK R	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESSIMOZ, RICHARD E	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NAGLE, DEREK L	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAMBS, JOHN	
STREET ADDRESS	1000 SAGAMORE PKWY S	
CITY-ST-ZIP	LAFAYETTE IN 47905	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rick B. Davis	
1.3 STREET ADDRESS	1000 Sagamore Parkway South	
1.4 CITY-ST-ZIP	Lafayette, IN 47905	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Gambs* **John R. Gambs, Secretary** 3/30/99 (765) 423-1001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)