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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G74418** (6)

1. Corporation Name
MAGIC TILT TRAILER SALES, INC.



Principal Place of Business Mailing Address
2161 LIONS CLUB RD **2161 LIONS CLUB RD**
CLEARWATER FL 34624 **CLEARWATER FL 34624-6803**

3. Date Incorporated or Qualified **12/19/1983** 3a. Date of Last Report **03/13/1996**
4. FEI Number **59-2361329** 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**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

BRUELS, JOHN
2161 LIONS CLUB ROAD
CLEARWATER FL 33546

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	CLAWSON, J. G.	1.2 NAME	
STREET ADDRESS	2161 LIONS CLUB RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33546	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BRUELS, JOHN	2.2 NAME	
STREET ADDRESS	2161 LIONS CLUB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33546	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	JENNINGS, WILLIAM L	3.2 NAME	
STREET ADDRESS	1822 DREW ST S8	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	COGGINS, E.K.	4.2 NAME	
STREET ADDRESS	2161 LIONS CLUB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)