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PROFIT CORPORATION ANNUAL REPORT

1998

官律不能行便 到過一一一次海岸了身上的人

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G74418

(6)

MAGIC TILT TRAILER SALES, INC.

Principal Place of Business	Mailing Address

FILED Mar 10 1998 8:00am Secretary of State



2161 LIONS CLUB RD 2161 LIONS CLUB RD CLEARWATER FL 34624 CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1983 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2361329 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUELS, JOHN 2161 LIONS CLUB ROAD Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33546** City 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 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, Syston 607 350, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE CLAWSON, J. G. NAME 1.2 NAME 2161 LIONS CLUB RD STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 33546** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BRUELS, JOHN 2.2 NAME 2161 LIONS CLUB ROAD STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 33546** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE JENNINGS, WILLIAM L NAME 3.2 NAME **1822 DREW ST S8** STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE Addition TITLE 4.1 TITLE COGGINS, E.K. NAME 4.2 NAME 2161 LIONS CLUN ROAD STREET ADDRESS 4.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental 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 changes or on an attachment with an arrives.