FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:33

DOCUMENT # G76233 (7)

1. Corporation Name
ABC TRAILER, INC.

Principal Place of Business	Mailing Address
603 KENTUCKY DRIVE ROCHESTER HILLS MI 48307	603 KENTUCKY DRIVE ROCHESTER HILLS MI 48307

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1983
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business	2a. Mailing Address
21 6188 Riverton	26 6188 Riverton
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Troy Michigan	28 City & State: Troy Michigan
24 Zip: 48098 / 25 Country: Oakland	29 Zip: 48098 / 30 Country: Oakland

4. FEI Number: 59-2364777 ☐ 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

9. Name and Address of Current Registered Agent

MOORE, JON CPA
RIVERVIEW CENTER, SUITE 150
1111 THIRD AVENUE, WEST
BRADENTON FL 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BANN, LAWRENCE	1.2 NAME	Bowers,Brenda
STREET ADDRESS	603 KENTUCKY DRIVE	1.3 STREET ADDRESS	6188 Riverton
CITY-ST-ZIP	ROCHESTER HILLS MI 48307	1.4 CITY-ST-ZIP	Troy,Michigan 48098
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BANN, DEBRA	2.2 NAME	
STREET ADDRESS	603 KENTUCKY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER HILLS MI 48307	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BOWERS, BRENDA	3.2 NAME	
STREET ADDRESS	6188 RIVERTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48098	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Brenda Bowers Brenda Bowers 1-17-95 1 (810) 524-3466
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0487188 VP