

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84052** (1)

1. Corporation Name

RITE-ON TRAILERS, INC.



Principal Place of Business

**2161 LIONS CLUB RD
CLEARWATER FL 34624**

Mailing Address

**2161 LIONS CLUB RD
CLEARWATER FL 34624**

2. Principal Place of Business

2a. Mailing Address

21
State, Apt. #, etc.
22
City & State
23
Zip
24
Country

26
State, Apt. #, etc.
27
City & State
28
Zip
29
Country

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
03/30/1995

4. FEI Number

59-2381990

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

10. Name and Address of New Registered Agent

**BRUELS, JOHN
2161 LIONS CLUB RD.,
CLEARWATER FL 33546**

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 607.1502, 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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

John F. Bruel

JOHN F. BRUEL

2/23/96

(813) 535-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year)

CR2E034 (12/95)