

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

**APPROVED
AND
FILED**

95 APR 17 AM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L29255

(1)

1. Corporation Name

OKEECHOBEE TRAILER SALES, INC.

Principal Place of Business

**3806 S.E. HIGHWAY 441
OKEECHOBEE FL 34974**

Mailing Address

**3806 S.E. HIGHWAY 441
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1989

3a. Date of Last Report

02/14/1994

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

4. FEI Number

59-2073863

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

**VAUGHN, KATHLEEN
3806 S.E. HIGHWAY 441
OKEECHOBEE FL 34977**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VAUGHN, PATRICK
STREET ADDRESS	2102 S.E. HIGHWAY 441
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	DV
NAME	VAUGHN, KATHLEEN
STREET ADDRESS	2102 S.E. HIGHWAY 41
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Vaughn, Patrick	
1.3 STREET ADDRESS	1451 NE 14th Ct. S-45	
1.4 CITY - ST - ZIP	Jensen Beach, FL. 34957	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	Vaughn, Kathleen	
2.3 STREET ADDRESS	2102 SE Harding St.	
2.4 CITY - ST - ZIP	Port St. Lucie, FL. 34952	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen Vaughn
KATHLEEN VAUGHN

4/12/95

Date

813-763-8868

Telephone Number