

<b>DOCUMENT # L41534</b>			
<b>1. Entity Name</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">TRIPLE CROWN TRAILERS, INC.</div>			
<b>Principal Place of Business</b> 5109 WEST ANTHONY ROAD. NE OCALA FL 34475 US		<b>Mailing Address</b> 5109 WEST ANTHONY ROAD. NE OCALA FL 34475-1509 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>LORICK, ERNEST M.</b> <b>5109 WEST ANTHONY ROAD, N.E.</b> <b>OCALA FL 34475</b>			Name
			Street Address ( )
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LORICK, ERNEST M. 7255 SW 99TH STREET OCALA FL 34476 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LORICK, LINDA L. 7255 SW 99TH STREET OCALA FL 34476 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.2 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601 of the Florida Statutes, and that the information has not been changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE</b> <u>Linda L. Lorick</u> <b>Linda L. Lorick</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** Linda L. Lorick Linda L. Lorick 4.27.00 368-7885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)