

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:40

DOCUMENT # **P93000015852 (5)**

1. Corporation Name

KROMER TRAILER SALES, INC.

Principal Place of Business

401 LAKEWOOD AVENUE
TAMPA FL 33613

Mailing Address

401 LAKEWOOD AVENUE
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3167473

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

2. Principal Place of Business

21 1023 GUNN HIGHWAY

Suite, Apt. #, etc.

22 City & State

23 ODESSA FL

24 Zip

33556

25 Country

US

2a. Mailing Address

26 90 WALTER SANDERS

Suite, Apt. #, etc.

27 13910 N DALE MARY SUITE 1

28 City & State

TAMPA FL

29 Zip

33618

30 Country

US

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHLRICH ROAD
BLDG. 107 SUITE B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

SANDERS WALTER

82 Street Address (P.O. Box Number is Not Acceptable)

13910 NORTH DALE MARY HWY

83

SUITE ONE

84 City

TAMPA

85 State

FL

86 Zip Code

33618

11. Pursuant to the provisions of Sections 607.0902 and 607.1509, 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 607.0905, Florida Statutes.

SIGNATURE

Walter Sanders

Signature (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	KROMER, PAMELA D
12.3 STREET ADDRESS	401 LAKEWOOD AVENUE
12.4 CITY, ST, ZIP	TAMPA FL 33613
12.5 TITLE	D
12.6 NAME	KROMER, JOSEPH
12.7 STREET ADDRESS	401 LAKEWOOD AVENUE
12.8 CITY, ST, ZIP	TAMPA FL 33613
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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(4)(b), 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 addition.

SIGNATURE

Pamela Kromer

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

PAMELA D KROMER

03-01-95

813-920-9461