

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020374 (3)

1. Corporation Name:

J. D. TRAILER SALES, INC.



Principal Place of Business:

4791 CLARK RD
SARASOTA FL 34233

Mailing Address:

4791 CLARK RD
SARASOTA FL 34233

2. Principal Place of Business:

2a. Mailing Address:

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

ROBERTS, DONNA D
5730 JASON LEE PL
SARASOTA FL 34233

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0395230

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

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 of Registered Agent or Director)

(Print Name of Registered Agent or Director)

DATE:

12.

OFFICERS AND DIRECTORS

1. TITLE

SD
ROBERTS, DONNA D
5730 JASON LEE PL
SARASOTA FL

[] DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

PD
GLENN, JAMES C
5730 JASON LEE PL
SARASOTA FL

[] DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

VD
WALLACE, EARL E
5730 JASON LEE PL
SARASOTA FL

[] DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

TD
WALLACE, NAOMI A
5730 JASON LEE PL
SARASOTA FL

[] DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

[] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

[] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

[] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

[] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

[] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

[] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna D. Roberts* DONNA D. ROBERTS 3/12/96 941-923-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)