## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000020374

5730 JASON LEE PL SARASOTA FL 34233

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90097 019 \*\*\*150.00

r. Corporation						
J. D. TR	AILER SALES, INC.					<b>19</b> 1
Principal Place	e of Business	Mailing Address			T SERVICEN SID INION SINCE DAVID ADVICE DAVID THE SIDE OF SIDE SIDES SHED SHED SIDES IN	
5730 JASON LEE PL 5730 JASON LEE PL						
SARASOTA FL 34233 SARASOTA FL 34233						
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/18/1993	
2 Principal D	lace of Business	2a. Mailing Address		-	4. FEI Number Applied For	
*	TASON LEE PLACE	26 5 680 JASON.	IGG. P	IAZ	,	
<u>21 کی کی (21</u> Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional	I
22	,, sto.	27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May 8e	
23 SALA	SOTA, FL	28 SALASDIA,	FL		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24 34D	23 25 US	29 <i>34/03.3</i> 3	0	<u>ر د</u>	Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent		A1	10. Name and Address of New Registered Agent	
D∪B	ERTS, DONNA D		81	Name		
	JASON LEE PL		82		t Address (P.O. Box Number is Not Acceptable)	Ţ,
	ASOTA FL 34233		83	56	680 TASON LEE PLACE	
SAN	AOUTA FE 34233		83			Ì
			84	City	FL 85 Zip Code	
			41	<u> </u>	• <del>-</del> 1 1	
office or n	egistered agent, or both, in the State	of Florida. Such change was auti	nonzed by	the corpo	d corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered	-
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes			J
SIGNATURE		AIOTE B	amatarad Agai	at alanatura r	e required when reinstating) DATE	ì
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	SD	DELETE 1.1			☐ Change ☐ Add	dition
NAME	ROBERTS, DONNA D	1.2 N			Appless	
STREET ADDRESS			1.3 STREE	T ADDRESS	5680 JAGOW LEE AL	}
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	SAPAROTA, FL 34033	
TITLE	PD				Change ☐ Add	dition
NAME	GLENN, JAMES C	GLENN, JAMES C 221			AMUES	
STREET ADDRESS	5730 JASON LEE PL 23		2.3 STREE	TADDRESS	S 5680 JASON LEE PL	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	SAPAKOTA, FL 34233	
TITLE			3.1 TITLE		☑ Change ☐ Ado	dition
NAME	WALLACE, EARL É		3.2 NAME		Address	1
STREET ADDRESS	5730 JASON LEE PL	5730 JASON LEE PL 3.3		T ADDRESS		
CITY-ST-ZIP	SARASOTA FL			ST-ZIP	SARAS OTA, PL 34083	
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Add	dition
NAME	WALLACE, NAOMI A	•			Addition	
STREET ADDRESS	5730 JASON LEE PL			T ADDRESS	SARASOTA, FL 3443	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	SARASOTA, PL 3493	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	aluon
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS	٥	
CITY-ST-ZIP				T-ZIP	Change Add	dition
TITLE			6.1 TITLE		Change Add	uiuOti
NAME			62 NAME			
STREET ADDRESS				TADDRESS	5	
CITY-ST-ZIP	1		6.4 CITY-S	T-ZIP		ŀ

14. 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 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, with all other like empowered.

SIGNATURE: