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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000080444 (1)

1. Corporation Name

THEE KIT TRAILER MFG., INC.



Principal Place of Business

6537 SOUTHERN BLVD.
#11
WEST PALM BEACH FL 33413

Mailing Address

6537 SOUTHERN BLVD.
#11
WEST PALM BEACH FL 33413-1775

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HANSEN, PATRICIA
11391 MANATEE TERRACE
I-1
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

02/02/1996

4. FEI Number

65-0492447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PATRICIA HANSEN

82

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

736 NE 20th LANE

83

84

City

BOYNTON BEACH

FL

85

Zip Code

33435

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

Patricia A. Hansen
Signature, typed or printed name of registered agent and title if applicable

CST

PATRICIA A. HANSEN

(NOTE: Registered Agent signature required when reinstating)

3/5/97
DATE

12. OFFICERS AND DIRECTORS

TITLE

CST

NAME

HANSEN, PATRICIA A

STREET ADDRESS

11391 MANATEE TERRACE

CITY-ST-ZIP

LAKE WORTH FL 33467

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

CST

1.2 NAME

PATRICIA A. HANSEN

1.3 STREET ADDRESS

736 NE 20th LANE

1.4 CITY-ST-ZIP

BOYNTON BEACH, FL 33435

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Patricia A. Hansen* (561) 211-1117

CR2E034 (9/96)