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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3821 RIDGEHAVEN RD
Suite, Apt. #, etc.

22 City & State
23 FT. PIERCE, FL

24 34946 Country
25 USA

26. Mailing Address

26 3821 RIDGEHAVEN RD.
Suite, Apt. #, etc.

27 City & State
28 FT. PIERCE, FL

29 34946 Country
30 USA

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0492447

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANSEN, PATRICIA
736 NE 20TH LANE
J-1
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4811 S. Indian River Drive
83
84 City
FT. Pierce FL 85 Zip Code
34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

4-14-98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CST
HANSEN, PATRICIA A
736 NE 20TH LANE
BOYNTON BEACH FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
S, T, V
Patricia A. Hansen
4811 S. Indian River Dr.
Ft. Pierce, FL 34982

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P
Michael P. Vernese
4811 S. Indian River Dr.
Ft. Pierce, FL 34982

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 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

4-14-98

CR2E034 (10/97)