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

Mailing Address 3821 RIDGEHAVEN RD

US

26

27

28

29

Zip

FT PIERCE FL 34946

2a. Mailing Address

Suite, Apt. #, etc.

City & State

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

City & State ._____

Suite, Apt. #, etc.

3821 RIDGEHAVEN RD FT PIERCE FL 34946

US

21

22

23

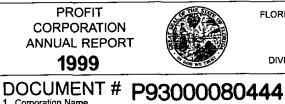
24

Zip

THEE KIT TRAILER MFG., INC.

Country

25



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90092 047 ***158.75

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

ĽNo.

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

11/22/1993 4. FEI Number

65-0492447

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
HAN	SEN, PATRICIA		02	Ctroot	Address (D.O. Box Number in Not Acceptable)			
4811 S INDIAN RIVER DRIVE		02	82 Street Address (P.O. Box Number is Not Acceptable)					
FT P	HERCE FL 34982		83	· -	,			
			L_		<u> </u>	- I I	<u> </u>	
	•		84	City		FL 85 Zip (ode	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of in m familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re		nt signature n		ATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	STV	☐ DELETE	1.1 TITLE		٠.	☐ Change	☐ Addition	
NAME	HANSEN, PATRICIA A		1.2 NAME		•			
STREET ADDRESS	4811 S INDIAN RIVER DR		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34982		1.4 CITY-S	T-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition (
NAME)	VERNESE, MICHAEL P		2.2 NAME				1	
STREET ADDRESS	4811 S INDIAN RVIER DR		2.3 STREE	TADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34982		2, 4 CITY-5	ST-ZIP .				
TITLE	;	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	•		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS	·		•	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	_			
TITLE		☐ DELETE	4.1 TITLE	-		☐ Change	☐ Addition	
NAME	•		4.2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP	. •		4.4 CITY-S	T-ZIP				
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			. Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY+S	T-ZIP				
14 I haraby o	certify that the information supplied with t	his filing does not qualify for the	ne exemnt	ion stated	d in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the i	nformation	
indicated	on this annual report or supplemental ar	inual report is true and accura	te and tha	it my sign	lature shall have the same legal effect as if mad	ie under oath; that	i am an	

Country

30

CR2E034 (11/98)