FILED Apr 02, 1999 8:00 am Secretary of State

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## 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 # DO4000012600

1. Corporation	NAME TRAILERS, INC.	013099	·		
Principal Place of Business Mailing Address				I SERVINDE HA FORM BOTH CONTROL CONTRO	LO ISURO OISUO IONEO IONE EGO
715 PONDER AVE 715 PONDER AVE SARASOTA FL 34232 SARASOTA FL 34232				DO NOT WRITE IN THIS SI	DACE
				DO NOT WRITE IN THIS SI  3. Date Incorporated or Qualifed	JACE
O Deinsteat D	land of Division on	2a. Mailing Address		02/16/1994 4. FEI Number	Applied For
·	lace of Business	26		65-0468664	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<del></del>	_	\$8.75 Additional
22	-	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State	<del> </del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan	
24	25	29 31	<u> </u>		Yes No
	9. Name and Address of Current	Registered Agent	81 Name t	10. Name and Address of New Registered Ag	ent
LIEMELIAW III I				C) FILEDWALL C = PLE	
715 PONDER AVE			82 Street Addr	ess (P.O. Box Nymber is Not Acceptable)	e Pd.
SARASOTA FL 34232			83	10 Marin wereline led of	<u> </u>
0, 11.2	100 111 12 5 1252		00		
				RASOTA FL	85 Zip Code 34243 7529
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, of Florida. Such change was authons of, Section 607.0505, Florida	the above-named corporation torized by the corporation a Statutes.	oration submits this statement for the purpose of ch on's board of directors. I hereby accept the appointm	anging its registered nent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title applicable. (NOTE: Re	egistered Agent signature require		
12.	OFFICERS AND	<del>/</del>	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	Р	DELETE	1.1 TITLE	L	Change Addition
NAME	GUADAGNO, THOMAS J		1.2 NAME		
STREET ADDRESS	715 PONDER AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP		Change
TITLE	VPS	DELETE	2.1 TITLE	L	☐ Change ☐ Addition
NAME	HENSHAW, JILL N		2.2 NAME		
STREET ADDRESS	715 PONDER AVE.		2.3 STREET ADDRESS	•	}
CITY-ST-ZIP	SARASOTA FL 34232	□ pc:stc	2.4 CITY-ST-ZIP	·	Change Addition
TITLE		☐ DELETE	3.1 TITLE	į	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	- F	Change Addition
TITLE		_ OCLETE	4.1 TITLE	t	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Γ	Change Addition
TITLE		( <sub>F</sub> ) VLLLIL	5.2 NAME	_	
NAME STREET ADDRESS			5.3 STREET ADDRESS		)
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP					

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

☐ Addition