

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

APPROVED
AND
FILED

98 NOV 13 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|--|

DOCUMENT # **P95000050851 (1)**
1. Corporation Name

FRUIT TRAILER RECYCLING & REPAIRS, INC.

Principal Place of Business

1000 HWY 17 N
BOWLING GREEN FL 33834
US

Mailing Address

PO BOX 1612
BOWLING GREEN FL 33834
US

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 30 |

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

65-0579000

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

FLETCHER, CLARENCE EARL
1000 HWY. 17 NORTH
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent

81 Name **SAM SINK III**
82 Street Address (P.O. Box Number is Not Acceptable)
1949 Peace River Woods Road
83 **Zolo Fo Springs, FLA**
84 City **ZOLO FO SPRINGS** FL 85 Zip Code **33890**

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

Clarence Earl Fletcher
Signature, typed or printed name of registered agent and title if applicable.

Samuel W Sink III
(NOTE: Registered Agent signature required when reinstating)

11-9-98
DATE

| | | | |
|----------------------------|------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLETCHER, CLARENCE EARL | 1.2 NAME | |
| STREET ADDRESS | 1000 HWY. 17 NORTH | 1.3 STREET ADDRESS | 400002689404-4 |
| CITY-ST-ZIP | BOWLING GREEN FL 33834 | 1.4 CITY-ST-ZIP | -11/17/98--01046--001 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | *****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLETCHER, THELMA H | 2.2 NAME | |
| STREET ADDRESS | 6129 LIBERTY AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Clarence Earl Fletcher
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Address

CR2E034 (10/97)