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

**PROFIT CORPORATION** ANNUAL REPORT

1997

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600000678 (8)

TRAILCO AND COMPANY, INC.

Principal Place of Business		Mailing Address			( IMALIBAL IN INCID AREC MAIN BALLI ANI	( Illatines ine illife geter maiet gater abeit abier abrit gates aters runns soss inns		
1202 CARR STREET		1202 CARR STREET						
PALATKA FL 32177		PALATKA FL 32177-4514						
					3. Date Incorporated or Qualified	3a. Date of Las	t Report	
					12/26/1995	04/23/199		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		59-3351371				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	5 Additional		
22		27			o, outmode of outdo bounds	F-66	Required	
City & State		City & State		6. Election Campaign Financing				
23		28	1 6		Trust Fund Contribution		ed to Fees	
Z <sub>1</sub> p			Countr	<b>y</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	25	29	30		Florida Statutes L  10. Name and Address of New Re			
9. Name and Address of Current Registered Agent				Nam	······································			
MATHEWS, RANDALL S								
1202 CARR STREET PALATKA FL 32177		B2 Street Ac		et Address (P.O. Box Number is Not Accepta	ble)			
PAL	AINA PL 321//		8	+				
					,			
			84	City		FL 85 2	lip Code	
44 Pursuant	to the provisions of Sections 697 050	12 and 607 1508. Etorida Statu	ites, the abo	e-name	ed corporation submits this statement for the	nurnose of channin	a its registered	
office or r	registered agent or both, in the State	of Florida. Such change was	: authorized t	v the co	orporation's board of directors. I hereby acce	pt the appointment	as registered	
	in familiar with, and accept the oblig	jations of, Section 607.0505, F	Torica Statuti	<b>13</b> .				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	OTE: Registered A	jent signal	lure required when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
1ıt.F	D	DELETE	1.1 TITLE			☐ Chan	ge Addition	
NAME	MATHEWS, RANDALL S		1.2 NAME					
STREET ADDRESS	1202 CARR STREET		1.3 STRE	T ADDRES	s			
CITY - ST - ZIP	PALATKA FL 32177		1.4 CITY	ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TILE	0	☐ DELETE	2.1 TITLE			☐ Chan	ge [] Addition	
NAME	EASTERLING, ROBERT K		2.2 NAM(					
STREET ADDRESS	1202 CARR STREET		2.3 STRE	T ADDRES	SS			
C/TY+ST-Z/P	PALATKA FL 32177		2. 4 CITY	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chan	ge Addition	
NAME			3.2 NAM		city.	N mag		
STREET ADDRESS			3.3 STRE	T ADDRES	ss (	. ***		
CHY-ST-ZIP			3.4. CITY					
TIFLE		L DELETE	4.1 TITLE			L Chan	ge Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS	1		4.3 STRE	T ADDRES	ss [			
CITY - ST - ZIF	<u> </u>		4.4 CITY				1 1 4 4 10 5	
Tillf	1	☐ DELETE	5.1 TITLE			Char	ge [_] Addition	
NAME			5.2 NAM		1		•	
STREET ADDRESS			5.3 STRE	ET ADDRES	ss			
CITY-ST-74°			5.4 CITY	ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Char	ige Addition	
NAME			6.2 NAM					
STREET ATTREES			63 \$186	ET ADDRES	ss			

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.