## 

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004412 (8)

BRANDYN TRAILER MANUFACTURING, INC.

Principal Place of Business

HWY RO W

Mailing Address

HAIN ON MI

## **FILED** May 06 1997 8:00am Secretary of State



MOSSY HEAD	FL 32434	MOSSY HEAD FL 32434					
					3. Date Incorporated or Qualified 01/10/1996	3a. Date of Last Report	
21 HWY	Businoss EST	28. Mailing Address 26 P.O. BOX	1270	7	4. FELNumber 3355090	Applied For	ole
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & State	ssy Head I-L	28 MOSSY HEC	ad F		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Feos	
24 324	34 <sub>25</sub> USA	2932434	Count 30 U	รั́ค		ntangible tax under s. 199.032, Yes  No	
מוות	9. Name and Address of Current REE, DAWN M	Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent	
HWY	( 90 W		8		Address (P.O. Box Number is Not Acceptable		_
MOS	SSY HEAD FL 32434		[_		Address (1.0. box Normber is Not Acceptable	<i>a</i> ,	
•			8	3			
			. 8	- 7	THE PROPERTY OF THE PROPERTY O	FL 85 Zip Code	
11. Pursuant i office or re agent. Lai	to the provisions of Soctions 607.0502 egisterod agent, or both, in the State of familiar with, and accept the obligat	and 607.1508, Florida Statutos I Florida, Such change was au ions Dt Section 607.0505, Flor	s, the abouthorized l	ve-named by the corp	corporation submits this statement for the proporation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	rci I
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  Signature: Typed or printed name of registered agent and title if emplicable.  [NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE:	1.1 TITLE			Change Addition	on S
NAME	DUPREE, WILLIAM T		1.2 NAM				5
STREET ADORESS City-St-Zip	839 BELL DR DEFUNIAK SPRINGS FL 32433			F) ADDRESS			Ĭ
TITLE	D DEFORMATION OF THINGS TE SEASS	DELETE	14,CHY 2110LE			Change Addition	è
NAME	DUPREE, DAWN M	Served V V V V	2.2.NAM			CT Change CT Volum	JII -
STREET ADDRESS	839 BELL DR			Et address			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		2. 4 DITY	-SI-ZIP			
TITLE		DELETE	3.1 ТІТІ Е			Change Addition	on
NAME			3.2 NAM6				
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE			Δ	_
NAME		E3 DECER	4. 2 NAM	1		Change	on
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change Addition	on
NAME			5.2 NAME	.			
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY-ST-ZIP			54 CITY	S1 - 7/P			
TITLE		DELETE	611IILE			Change Addition	on
NAME			6.2 NAME				-
STREET ADDRESS			6.3 ISTREE	ET ADDRESS			
CITY-ST-2IP			6.4 CHY-	SI-ZIP			

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.