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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000063782 (2)

1. Corporation Name

HITCH & TRAILERS OF FORT MYERS, INC.

Principal Place of Business

2161 ANDREA LANE  
FORT MYERS FL 33912

Mailing Address

1500 COLONIAL BOULEVARD  
SUITE 103  
FORT MYERS FL 33907-1025

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

65-0681292

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 2161 ANDREA LANE

Suite, Apt. #, etc.

27 A1

City & State

28 FORT MYERS FL

Zip

29 33912

Country

30

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P  
1500 COLONIAL BOULEVARD  
SUITE 103  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

MARK O'NEIL

82 Street Address (P.O. Box Number is Not Acceptable)

2161 ANDREA LANE A1

83

84 City

FORT MYERS

FL

85 Zip Code

33912

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME MASON, GAYLE  
STREET ADDRESS POST OFFICE BOX 2273 N/A  
CITY- ST- ZIP PLAINVILLE MA 02762

TITLE VPSD ☐ DELETE  
NAME O'NEIL, MARK  
STREET ADDRESS POST OFFICE BOX 2273 N/A  
CITY- ST- ZIP PLAINVILLE MA 02762

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRES., TREAS. ☒ Change ☐ Addition  
1.2 NAME MASON, GAYLE  
1.3 STREET ADDRESS 9101 SILVER PALM COURT  
1.4 CITY- ST- ZIP FORT MYERS FL 33919

2.1 TITLE PRES., SEC. ☒ Change ☐ Addition  
2.2 NAME O'NEIL, MARK  
2.3 STREET ADDRESS 9101 SILVER PALM COURT  
2.4 CITY- ST- ZIP FORT MYERS FL 33919

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Date

941-433-4744

Daytime Phone #

CR2E034 (9/96)