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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083976 (6)

1. Corporation Name

C & S TRAILERS, INC.



Principal Place of Business

Mailing Address

11040 NW BEAVER ST
JACKSONVILLE FL 32220

11040 NW BEAVER ST
JACKSONVILLE FL 32220-1702

2. Principal Place of Business

2a. Mailing Address

21 11040 W. BEAVER ST

26 11040 W. BEAVER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JAX, FL

28 JAX, FL

24 Zip 32220

25 Country DUVAL

29 Zip 32220

30 Country DUVAL

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

4. FEI Number

59-3403940

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

10. Name and Address of New Registered Agent

81 Name

Charles A. Stokes

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

11040 W. BEAVER ST

83

84 City

JAX

FL

85 Zip Code

32220

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.

X SIGNATURE

Charles A. Stokes

2-6-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME STOKES, CHARLES A

STREET ADDRESS 11040 NW BEAVER ST

CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ~~STOKES, CHARLES E~~

NAME ~~STOKES, CHARLES E~~

STREET ADDRESS ~~11040 NW BEAVER ST~~

CITY-ST-ZIP ~~JAX, FL 32220~~

TITLE SEC TREAS

NAME STOKES, CHARLES A.

STREET ADDRESS 11040 W. BEAVER ST

CITY-ST-ZIP JAX, FL 32220

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President

1.2 NAME STOKES, CHARLES A

1.3 STREET ADDRESS 11040 W. BEAVER ST

1.4 CITY-ST-ZIP JAX, FL 32220

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME STOKES, CHARLES E

3.3 STREET ADDRESS 11040 W. BEAVER ST

3.4 CITY-ST-ZIP JAX, FL 32220

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Charles A. Stokes

1-23-97 904-786-4161

Date

Daytime Phone #

CR2E034 (9/96)