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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000079550 (4)

DRAG	GIN TRAILERS, INC.		·			
1						
Principal Pla	ce of Business	Mailing Address			.01 01111 0411 1801	
2301 NE 17TH PLACE. UNIT 201 2301 NE 17TH PLACE.			UNIT 201			
OCALA FL 34470		OCALA FL 34470		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				09/15/1997		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3467511	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.7	75 Additional	
City & State		27 City & State		Fe Fe	e Required	
City & State		City & State			.00 May Be	
Zip	Country	28	Country		ded to Fees	
24	25	29	30	This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	Ir intangible	
=	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent		
GRIPFIN, KENNETH L JR.						
3000 SE 50TH PLACE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
OCALA FL 34480			0,1001710	Caroot (1.5, Box Namber to Not Notopiade)		
			83		5.55	
			84 City	- 85	Zip Code	
				PL!	•	
11. Pursuani office or	I to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida St atu e of Florida: Such change wa s	ites, the above-named co authorized by the corpor	orporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment	ng its registered It as registered	
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.	- and a management of the support of	, as vegiciones	
SIGNATURE	Signature, typed or printed name of registered ag	410	TE. Registered Agent signature rec	D. 20		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	TNVDXY	DELETE	1.1 TITLE	Char		
NAME	KENNETH GRIFFIN SR	i	1.2 NAME			
NAME KRNNETH GRIFFIN SR STREET ADDRESS 3000 SE SOTH PLACE CITY-ST-ZIP OLALA, FLORIDA 34480		1.3 STREET ADDRESS				
CITY-ST-ZIP OCALA, FLORIDA 34480		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	☐ Char	nge Addition	
NAME			2.2 NAME			
STREET ADDRESS	1		2.3 STREET ADDRESS		,	
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		L.) DELETE	3.1 TITLE	L.] Chan	nge 🛄 Addition	
NAME STREET ANDRESS			3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Chan	nge Addition	
NAME	/_	La vicili	4.2 NAME	Lad Oran	- L. / WOMEN	
STREET ADDRESS	LON		4.3 STREET ADDRESS	•		
CITY-ST-ZIP	杨文		4.4 CITY-ST-ZIP			
TITLE	100	DELETE	5.1 TITLE	☐ Chan	nge Addition	
NAME /	2 4		5.2 NAME		[
STREET ADDRESS	A		5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE	☐ Chan	nge 🗌 Addition	
NAME A] 🛃		6.2 NAME		İ	
STREET OREAS	1		6.3 STREET ADDRESS		[
CITY- T-P	1		6.4 CITY - ST - ZIP]	

I groby 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 in category 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.