PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079550

1. Corporation Name

DRAGGIN TRAILERS, INC.

Principal Place of Business

Mailing Address

2301 NE 17TH PLACE. UNIT 201

2301 NE 17TH PLACE. UNIT 201

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90144 022 ***150.00



OCALA FL 3447	0CALA FL 34470			DO NOT WRITE IN THIS SPACE			
						113 SPACE	
					3. Date Incorporated or Qualifed 09/15/1997		}
2. Principal Place of Business / 22 2a. Mailing Address					4. FEI Number	Ap	plied For
21 2017 N.B. JACKSONVILLE Rd. 28 7017 N.E. JACKSU				irleRd.	59-3467511	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				on ever.		\$8.75	Additional
					5. Certifcate of Status Desired	Fee Re	
22 27 City & State City & State					S Clastica Compaign Financing	\$5.00	<u>, </u>
- Day of the					6. Election Campaign Financing Trust Fund Contribution	Added 1	
Zip Country Zip Cou			Country	,			.01003
Zip	BULLO 5 ULA 5 3400 5 5			SA	This corporation owes the current year Personal Property Tax.	Yes	⊠ No
24 <u>394</u>					10. Name and Address of New Registers		1
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
CDID	FIN, KENNETH L JR.		"	1 tallie			
I Q				82 Street Address (P.O. Box Number is Not Acceptable)			
3000 SE 50TH PLACE OCALA FL 34480 83				ļ. <u>.</u>			
ULA	LA FL 34480		83	Ţ			
l			84	City	F	85 Zip (Code
11 Pureuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	.L e-named corp	oration submits this statement for the purpose	of changing its	registered
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			.,,		d when reinstating) OATE		
	Signature, typed or printed name of registered agent a			nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PVST		1.1 TITLE		'		
NAME	KENNETH, GRIFFEN JR.		1.2 NAME				1
STREET ADDRESS			1.3 STREE	T ADDRESS	•		Ì
CITY-ST-ZIP			1.4 CITY-5	T-ZIP			
TRTLE	☐ DELETE 2.1		2.1 TITLE			Change	Addition
NAME			2.2 NAME	1			1
STREET ADORESS	2.3		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	1:		2, 4 CfTY-	ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
•	•			TADDRESS			
STREET ADDRESS			3.4. CITY-	ı			
CITY-ST-ZIP			4.1 TITLE	51-ZIP	<u> </u>	☐ Change	Addition
TITLE							
NAME			4. 2 NAME				ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE	· -	☐ DELETE	5.1 TITLE			☐ Change	□ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		_	6.2 NAME				Ì
				TADDRESS			ł
STREET ADDRESS			0.3 STACE	, (ADDINGOS)			

14. I 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, with all other like empowered.