

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90028 042 \*\*\*150.00

DOCUMENT # P98000009015

1. Corporation Name  
BOAT TRAILER, INC.

Principal Place of Business

5724 HIGHWAY 90  
MILTON FL 32570

Mailing Address

5724 HIGHWAY 90  
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

59-3488426

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, DAVID G  
210 CHURCH ST. EAST  
PENSACOLA FL 32594

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | DP              | <input type="checkbox"/> DELETE |
| NAME           | HUNT, KEVIN     |                                 |
| STREET ADDRESS | 5724 HIGHWAY 90 |                                 |
| CITY-ST-ZIP    | MILTON FL 32570 |                                 |
| TITLE          | DVS             | <input type="checkbox"/> DELETE |
| NAME           | HUNT, CATHERINE |                                 |
| STREET ADDRESS | 5724 HIGHWAY 90 |                                 |
| CITY-ST-ZIP    | MILTON FL 32570 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                  |  |
|--------------------|------------------|--|
| 1.1 TITLE          | DV               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Hunt, Kevin      |  |
| 1.3 STREET ADDRESS | 5724 Highway 90  |  |
| 1.4 CITY-ST-ZIP    | Milton, FL 32583 |  |
| 2.1 TITLE          | DPT              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Hunt, Catherine  |  |
| 2.3 STREET ADDRESS | 5724 Highway 90  |  |
| 2.4 CITY-ST-ZIP    | Milton, FL 32583 |  |
| 3.1 TITLE          | S                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Hunt, Cecil R.   |  |
| 3.3 STREET ADDRESS | 5724 Hwy. 90     |  |
| 3.4 CITY-ST-ZIP    | Milton, FL 32583 |  |
| 4.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                  |  |
| 4.3 STREET ADDRESS |                  |  |
| 4.4 CITY-ST-ZIP    |                  |  |
| 5.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                  |  |
| 5.3 STREET ADDRESS |                  |  |
| 5.4 CITY-ST-ZIP    |                  |  |
| 6.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                  |  |
| 6.3 STREET ADDRESS |                  |  |
| 6.4 CITY-ST-ZIP    |                  |  |

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.

SIGNATURE:

Catherine S. Hunt  
Catherine S. Hunt

1/15/99 (850)626-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0540745