

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S76090

(7)

1. Corporation Name

PINE CONE TRAILERS, INC.

Principal Place of Business

4104 S KIRK RD.
LAKE WORTH FL 33461

Mailing Address

7272 42ND WAY N.
RIVIERA BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

65-0292272

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4194 SO KIRK RD

#22

LAKE WORTH FL

38461

USA

9. Name and Address of Current Registered Agent

MCCOY, TOM J.
5801 WATERVIEW CIRCLE
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

McCoy Tom J.

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

4194 So. Kirk Rd #22

83

84 City

LAKE WORTH

FL

85 Zip Code

33461

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

Tom J. McCoy

Tom J. McCoy

3/13/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV
NAME MCCOY, TOM J.
STREET ADDRESS 5801 WATERVIEW CIRCLE
CITY-ST-ZIP PLAM SPRINGS FL ☒ DELETE

TITLE ST
NAME MCCOY, TOM J.
STREET ADDRESS 5801 WATERVIEW CIRCLE
CITY-ST-ZIP PLAM SPRINGS FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres + V.P.
1.2 NAME McCoy Tom J.
1.3 STREET ADDRESS 4194 So Kirk Rd #22
1.4 CITY-ST-ZIP LAKE WORTH, FL. 33461 ☒ Change ☐ Addition

2.1 TITLE S.T.
2.2 NAME McCoy Tom J.
2.3 STREET ADDRESS 4194 So Kirk Rd #22
2.4 CITY-ST-ZIP LAKE WORTH, FL. 33461 ☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Tom J. McCoy

Tom J. McCoy

3/13/98 561-968-1919

CR2E034 (10/97)