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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **158625** **(4)**

1. Corporation Name

THE TRAILS END INC.

Naples,Florida 33940 P.O.Box 666-Lancaster Ohio 43130

Principal Place of Business

921 PLEASANTVILLE ROAD
P.O.BOX 666
LANCASTER OH 43130

Mailing Address

921 PLEASANTVILLE ROAD
P.O.BOX 666
LANCASTER OH 43130

3. Date Incorporated or Qualified: **07/25/1949**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-0604583** [ ] 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

2. Principal Place of Business

21 Naples,Florida XXXXX

Suite, Apt. #, etc.

22

City & State

23 Lancaster,Ohio 43130 Lancaster

Zip: 24 43130 Country: 25 XXXXX

2a. Mailing Address

26 272N Lake Dr-Naples

Suite, Apt. #, etc.

27

City & State

28 XXXX Naples,Florida 33940

Zip: 29 33940 Country: 30 Collier

9. Name and Address of Current Registered Agent

GESLING, WILLIAM J
272 NORTH LAKE DRIVE
NAPLES FL 33940

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 607.0508, 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: 4/7/96
Signature of Registered Agent (Required if Registered Agent is a Business Entity) Date

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	GESLING, WILLIAM J	
STREET ADDRESS	272 N. LAKE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	[ ] DELETE
NAME	GESLING, GARY J	
STREET ADDRESS	272 N. LAKE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	[ ] DELETE
NAME	GAAL, JOS.	
STREET ADDRESS	272 N. LAKE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS	Mrs Sue Dyer	
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	No change	
14 CITY-ST-ZIP		
21 TITLE	Vice President	[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS	No change	
24 CITY-ST-ZIP		
31 TITLE	Secty	[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	No change	
34 CITY-ST-ZIP		
41 TITLE	Vice President	[ ] Change [ ] Addition
42 NAME	102-44-6979	
43 STREET ADDRESS	No change	
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the 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: Arthur J. Hennessy 4/9/96 653-4191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #