FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					- FILED	
COF	PROFIT RPORATION JAL REPORT		Sandra B	RTMENT OF STATE	Jan 26 199	
	1998			ry of State CORPORATIONS	Secretary	y of State
DOCU 1. Corporation	MENT # H8661 P TRAILERS, INC.	7	(8)		Secretar	y of State
Principal Place of Business Mailing Address  2610 NORTHWEST TENTH STREET 2610 NORTHWEST TENTH S  OCALA FL 34475 US  Mailing Address  COCALA FL 34475  OCALA FL 34475  US				1 STREET	DO NOT WRITE II	
			57.2		3. Date Incorporated or Qualified 11/21/1985	
21	lace of Business	26	ing Address		4. FEI Number 59-2606071	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	Ð		& State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	,,		Country 30	This corporation owes or has paid     Personal Property Tax due June 3	the current year Intangible
H R	9, Name and Address of Curre	nt Registered	Agent	81 Name	10. Name and Address of New Regi	stered Agent
JUHLIN, KARL  8820 C SW 98TH ST. RD.  82 Street Address (P.O. Box Number is Not Acceptable)						
OC.	ALA FL 33481			83		
						lant 5: 6
				84 City		FL 85 Zip Code
11. Pursuant :	to the provisions of Sections 607.050 agistered agent, or both, in the State of familiar with, and accept the obligations.	)2 and 607.150 of Fiorida, Stations of Sections	08, Florida Statute uch change was a	es, the above-named cor uthorized by the corpora ride Statuton	poration submits this statement for the pur ation's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE				rica Statutes.		
12.	Signature, typed or printed name of registered ag OFFICERS AN			Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	D DI ILOTOIN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JUHLIN, KARL			1.2 NAME		-
STREET ADDRESS	8820 C SW 98TH ST. RD.			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OCALA FL 334。 VP	<u> </u>	☐ DELETE	1.4 CITY-ST-ZIP		District Lands
NAME :	KATTLEMAN, SCOTT L.		☐ Decere	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	2109 SE 7TH ST			2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 3447	/		2. 4 CITY-ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		Ontarigo reaction
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5,3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				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 cath; 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 of an address.

SIGNATURE: