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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # G07749 (6)

1. Corporation Name
MID-STATE TRACTOR SERVICES, INC.

Principal Place of Business	Mailing Address
6128 GLENN BARR AVE ORLANDO FL 32809	6128 GLENN BARR AVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1982	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2250070	☐ 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	2a. Mailing Address
21 17416 Amber Sweet Lane	26 17416 Amber Sweet Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Garden, FL.	City & State 28 Winter Garden, FL.
Zip / Country 24 34787 / 25 ORANGE	Zip / Country 29 34787 / 30 ORANGE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAGGARD, GUY S. 201 E. PINE STREET SUITE 1200 ORLANDO FL 32802	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☒ Change ☐ Addition
NAME	SWICK, JOE	1.2 NAME	
STREET ADDRESS	6128 GLENN BAR AVE	1.3 STREET ADDRESS	17416 Amber Sweet Lane
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Winter Garden, FL. 34787
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	SWICK, JEAN	2.2 NAME	
STREET ADDRESS	6128 GLENN BAR AVE	2.3 STREET ADDRESS	17416 Amber Sweet Lane
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	Winter Garden, FL. 34787
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jennette V. Swick JENNETTE V. SWICK 2/22/95 407-654-2787
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0417703 FP