FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089970 (5)**

1. Corporation Name
TRACTOR LADY OF FLORIDA, INC.

Principal Place of Business: 10890 NW SOUTH RIVER DR. MIAMI FL 33178

Mailing Address: 10890 NW SOUTH RIVER DR. MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

4. FEI Number: 65-0046246 — ☐ 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

9. Name and Address of Current Registered Agent

LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CAMPBELL, KAREN	10890 NW SOUTH RIVER DR.	MIAMI FL 33178
D	CAMPBELL, BRYAN	10890 NW SOUTH RIVER DR.	MIAMI FL 33178
D	VARELA, ANGELICA	10890 NW SOUTH RIVER DR.	MIAMI FL 33178

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition, six blocks, blank)

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: [signature], President — 4/25/95 — (305) 828-1693

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

0104614 CP