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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:30

DOCUMENT # **S29834** **(6)**

1. Corporation Name
P AND T TRACTOR SERVICE, INC.

Principal Place of Business	Mailing Address
15980 OLD OLGA ROAD ALVA FL 33920 US	P.O. BOX 50548 FORT MYERS FL 33905-0548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1991
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 65-0249564 ☐ 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	10. Name and Address of New Registered Agent
ZIELINSKI, PETER JOHN 6250 PANGOLA ROAD FORT MYERS FL 33905	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	P	11 TITLE	☐ Change ☐ Addition
NAME	ZIELINSKI, PETER J	12 NAME	
STREET ADDRESS	6250 PANGOLA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	ZIELINSKI, PETE	22 NAME	Teena Zielinski
STREET ADDRESS	6250 PANGOLA ROAD	23 STREET ADDRESS	15980 Old Olga Road
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	Alva, FL 33920
TITLE		31 TITLE	Secretary ☒ Change ☐ Addition
NAME		32 NAME	Teena Zielinski
STREET ADDRESS		33 STREET ADDRESS	15980 Old Olga Road
CITY-ST-ZIP		34 CITY-ST-ZIP	Alva, FL 33920
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Peter Zielinski **PRESIDENT** (813) 694-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER J. ZIELISKI