

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 150553 (6)

1. Corporation Name

SHELLEY TRACTOR & EQUIPMENT CO.



Principal Place of Business

Mailing Address

P. O. BOX 2337  
HIALEAH FL 33012

P. O. BOX 2337  
HIALEAH FL 33012

3. Date Incorporated or Qualified

04/01/1947

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0564270

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

SHEPPARD, JAMES C.  
8000 NW 103RD ST  
HIALEAH GARDENS FL 33012

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERRARO, JOS E	
STREET ADDRESS	5815 SW 117TH TERR	
CITY-ST-ZIP	COOPER CITY, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHEPPARD, JAMES C	
STREET ADDRESS	14350 SW 30 CT.	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, KARLSSON	
STREET ADDRESS	6800 S W 112TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, EDITH F.	
STREET ADDRESS	14214 S W 30 COURT	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herbert M. Humphrey	
1.3 STREET ADDRESS	1340 S. Perimeter Hwy	
1.4 CITY-ST-ZIP	Atlanta, Ga 30349	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tom Draper	
2.3 STREET ADDRESS	10503 N.W. 5 Street	
2.4 CITY-ST-ZIP	Plantation, Fl. 33324	
3.1 TITLE	Executive- V.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karlsson Mitchell	
3.3 STREET ADDRESS	6800 S.W. 112 Street	
3.4 CITY-ST-ZIP	Miami, Fl. 33156	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George W. Gray	
4.3 STREET ADDRESS	1340 S. Perimeter Hwy	
4.4 CITY-ST-ZIP	Atlanta, Ga. 30349	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/96 (305) 821-4040

CR2E034 (12/95)