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 # **174070** **(3)**

1. Corporation Name

SMITH TRACTOR COMPANY INCORPORATED

Principal Place of Business	Mailing Address
308 WEST FIRST AVE PO BOX 427 JAY FL 32565	308 WEST FIRST AVE PO BOX 427 JAY FL 32565

3. Date Incorporated or Qualified: **06/13/1953**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-0784701** ☐ 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 XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3834 HWY 4	26 P O BOX 427
Suite, Apt. #, etc. 22 P O BOX 427	Suite, Apt. #, etc. 27
City & State 23 JAY FL	City & State 28 JAY FL
Zip / Country 24 32565-0427 / 25 SANTA ROSA	Zip / Country 29 32565-0427 / 30 SANTA ROSA

9. Name and Address of Current Registered Agent

SMITH, W.L. JR.
720 MURPHY RD.
JAY FL 32565

(ADDRESS CORRECTION ONLY)

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5415 MURPHY ROAD

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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, W L JR		1.2 NAME		
STREET ADDRESS	720 MURPHY RD		1.3 STREET ADDRESS	5415 MURPHY ROAD	
CITY-ST-ZIP	JAY, FLORIDA 00000		1.4 CITY-ST-ZIP	JAY, FLORIDA 32565	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, LOUISE		2.2 NAME		
STREET ADDRESS	720 MURPHY RD		2.3 STREET ADDRESS	5415 MURPHY ROAD	
CITY-ST-ZIP	JAY, FLORIDA 00000		2.4 CITY-ST-ZIP	JAY FLORIDA 32565	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, RICKY WYATT		3.2 NAME		
STREET ADDRESS	720 MURPHY RD		3.3 STREET ADDRESS	5415 MURPHY ROAD	
CITY-ST-ZIP	JAY, FLORIDA 00000		3.4 CITY-ST-ZIP	JAY, FLORIDA 32565	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ RICKY W. SMITH 4-22-96 (904) 675-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #