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 # **243262** **(3)**

1. Corporation Name

BROOKING FORD TRACTOR COMPANY

Principal Place of Business	Mailing Address
2212 HENNESEN DR. **CLEARWATER FL 34624**	**2212 HENNESEN DR.** **CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **12/28/1960**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-0912861** ☐ 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 2212 Hennesen Dr	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater Fla	28 City & State
24 Zip 34624	29 Zip
25 Country Pinellas	30 Country

9. Name and Address of Current Registered Agent

BROOKING, A H
2212 HENNESEN
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: A H Brooking
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same
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: C. H. Brooking (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROOKING, ALVIN H		1.2 NAME	
STREET ADDRESS	2212 HENNESEN		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUBEY, BETTY		2.2 NAME	
STREET ADDRESS	905 BLUE LAKE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROOKING, PAUL A		3.2 NAME	
STREET ADDRESS	1095 3RD ST. NO.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP	
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)(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: A. H. Brooking C. H. Brooking 3-11-96 813 5350235

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