FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

FILED PROFIT Jan 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 253946 (8)C & C TRACTOR, INC. Principal Place of Business Mailing Address 4195 MARSH RD. 4195 MARSH RD. DELAND FL 32724 DELAND FL 32724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1961 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-0940912 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHILDRESS, LLOYD A 4195 MARSH RD. 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 83 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 obligation's of, Section 607.0505, Florida Statutes. SIGNATURE DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CHILDRESS, LLOYD A NAME 1.2 NAME CR2E034 4195 MARSH RD. STREET ADDRESS 1.3 STREET ADDRESS DELAND, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change CHILDRESS, MILDRED S NAME 2.2 NAME 4195 MARSH RD. STREET ADDRESS 2.3 STREET ADDRESS DELAND FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ___ Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITT F NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MATURE REQUIRED

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP