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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 275241 (8)

1. Corporation Name
TROY'S TRACTOR & EQUIPMENT, INC.



Principal Place of Business 1451 E. JEFFERSON ST. P.O. BOX 477 BROOKSVILLE FL 34805 US		Mailing Address 1451 E. JEFFERSON ST. P.O. BOX 477 BROOKSVILLE FL 34805-0477 US	
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		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent AUVIL, GENE, P.A. 120 E. BROAD ST. BROOKSVILLE FL 34801		10. Name and Address of New Registered Agent	
		81 Name SCARBOROUGH, TROY B.	
		82 Street Address (P.O. Box Number is Not Acceptable) 711 SUNSET DRIVE	
		83	
		84 City BROOKSVILLE	
		85 Zip Code FL 34601	

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: *Troy B. Scarborough* S/D DATE: 4/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCARBOROUGH, PATRICIA	1.2 NAME	
STREET ADDRESS	280 SUNSET DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SIMMONS, JAMES C.	2.2 NAME	
STREET ADDRESS	913 BELLE OAK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SCARBOROUGH, TROY B.	3.2 NAME	
STREET ADDRESS	280 SUNSET DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Troy B. Scarborough* S/D DATE: 4-15-97 (352) 787-1234

CR2E034 (9/96)