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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 282162 (7)

1. Corporation Name

HESTER PLOW CO., INC.



Principal Place of Business

E WASHINGTON ST AT ELOISE
PO BOX 340
LK CITY FL 32056-0340

Mailing Address

E WASHINGTON ST AT ELOISE
PO BOX 340
LK CITY FL 32056-0340

3. Date Incorporated or Qualified

06/09/1964

3a. Date of Last Report

04/26/1995

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, RICHARD J
E WASHINGTON AT ELOISE STREET
LAKE CITY FL 32055

81

Name

SHEPARD, JACK

82

Street Address (P.O. Box Number is Not Acceptable)

E. WASHINGTON AT ELOISE STREET

83

84

City

LAKE CITY

FL

85

Zip Code

32055

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

Jack Shepard
Signature of registered agent or printed name of registered agent and title if applicable.

JACK SHEPARD PD

4-22-96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME SHEPARD, JACK
STREET ADDRESS E WASHINGTON AT ELOISE
CITY - ST - ZIP LAKE CITY FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SHEPARD, JACK
1.3 STREET ADDRESS E. WASHINGTON AT ELOISE ST.
1.4 CITY - ST - ZIP LAKE CITY, FL.

TITLE STD ☐ DELETE
NAME SHEPARD, GELEETA
STREET ADDRESS E WASHINGTON AT ELOISE
CITY - ST - ZIP LAKE CITY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE PD ☒ DELETE
NAME SHEPARD, RICHARD J
STREET ADDRESS E WASHINGTON AT ELOISE
CITY - ST - ZIP LAKE CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: *Jack Shepard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 904.755-0960

Date

Daytime Phone #

CR2E034 (12/95)