SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE IF ON BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **353953** **(3)**

1. Corporation Name
SUNRISE FORD TRACTOR CO., INC.

Principal Place of Business	Mailing Address
6101 ORANGE AVENUE FT. PIERCE FL 34947-1544	6101 ORANGE AVENUE FT. PIERCE FL 34947-1544

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/16/1969	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number **59-1274235** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOBLEGARD III, R.N. 2319 S. INDIAN RIVER DRIVE FT. PIERCE FL 33450	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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: R. N. Koblegard, III Registered Agent — 6/29/95 DATE
(Signature and typed or printed name of registered agent are required. NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WILSON, RICHARD L	1.2 NAME	Richard L. Wilson is no
STREET ADDRESS	2850 S. JENKINS RD.	1.3 STREET ADDRESS	longer an officer or director
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	WILSON, JULIA E.	2.2 NAME	Julia E. Wilson is no longer
STREET ADDRESS	2850 S. JENKINS ROAD	2.3 STREET ADDRESS	an officer or director
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD ☐ Change ☐ Addition
NAME	KOBLEGARD, R. N.	3.2 NAME	Koblegard, R. N.
STREET ADDRESS	2319 S. INDIAN RIVER DR	3.3 STREET ADDRESS	2319 S. Indian River Drive
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	VD	4.1 TITLE	VD ☐ Change ☐ Addition
NAME	BISHOP, H. LAVON	4.2 NAME	Bishop, H. Lavon
STREET ADDRESS	2805 S INDIAN RIVER DR	4.3 STREET ADDRESS	2805 S. Indian River Dr.
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL
TITLE	VD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	KINDRED, THOMAS, JR.	5.2 NAME	Kindred, Thomas, Jr.
STREET ADDRESS	2722 FAIRWAY DR.	5.3 STREET ADDRESS	2722 Fairway Drive
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 6/29/95 (407) 461-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. N. Koblegard, III, STD

0T10225 CF