

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 353953 (3)

1. Corporation Name

SUNRISE FORD TRACTOR CO., INC.

Principal Place of Business

6101 ORANGE AVENUE
FT. PIERCE FL 34947-1544

Mailing Address

6101 ORANGE AVENUE
FT. PIERCE FL 34947-1544



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KOBLEGARD III, R.N.
2319 S. INDIAN RIVER DRIVE
FT. PIERCE FL 33450

3. Date Incorporated or Qualified

10/16/1969

3a. Date of Last Report

07/07/1995

4. FLE Number

59-1274235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person making this statement (owner, officer, director, or authorized agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WILSON, RICHARD L	
STREET ADDRESS	2850 S. JENKINS RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	☒ DELETE
NAME	WILSON, JULIA E.	
STREET ADDRESS	2850 S. JENKINS ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	STD	☐ DELETE
NAME	KOBLEGARD, R. N.	
STREET ADDRESS	2319 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	☐ DELETE
NAME	BISHOP, H. LAVON	
STREET ADDRESS	2805 S INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	☐ DELETE
NAME	KINDRED, THOMAS, JR.	
STREET ADDRESS	2722 FAIRWAY DR.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	☒ Change ☐ Addition
52. NAME	PD
53. STREET ADDRESS	KINDRED, THOMAS, JR.
54. CITY-ST-ZIP	2722 FAIRWAY DR.
61. TITLE	☐ Change ☐ Addition
62. NAME	FT. PIERCE, FL
63. STREET ADDRESS	
64. 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 filing is a 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 the filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. N. KOBLEGARD, STD

3/26/96 (407) 461-5020

Daytime Phone #

CR2E034 (12/95)