

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396106

(7)

1. Corporation Name

CREEL FORD TRACTOR COMPANY

Principal Place of Business

Mailing Address

3771 PALM BCH BLV
FT MYERS FL 33916

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FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1972

3a. Date of Last Report

02/07/1994

4. FEI Number

59-1381916

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREEL, MARK H.
5175 8TH AVE S.W.
NAPLES FL 33999

81 Name

Creel, Mark H.

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

3771 Palm Beach Blvd.

83

84 City

Fort Myers

FL

85 Zip Code

33916

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 Mark H. Creel

Signature, typed or printed name of registered agent and Uo # applicable.

(NOTE: Registered Agent signature required when reappointing)

3-17-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST
NAME	CREEL, MARK H.
STREET ADDRESS	5175 8TH AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Creel, Mark H.	
1.3 STREET ADDRESS	5175 8th Ave. SW	
1.4 CITY-ST-ZIP	Naples, FL 33999	
2.1 TITLE	Secy-Treas	☐ Change ☒ Addition
2.2 NAME	Creel, Laura L.	
2.3 STREET ADDRESS	5175 8th Ave. SW	
2.4 CITY-ST-ZIP	Naples, FL 33999	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark H. Creel

3-17-95

Date

813-694-2185

Telephone #