FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:57

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 464696 (4)

1. Corporation Name
SOWELL TRACTOR COMPANY, INC.

Principal Place of Business	Mailing Address
2841 HIGHWAY 77 NORTH P. O. BOX 744 PANAMA CITY FLORIDA 32405-4409	2841 HIGHWAY 77 NORTH P. O. BOX 744 PANAMA CITY FLORIDA 32405-4409

3. Date Incorporated or Qualified: 11/06/1974
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1551844 ☐ Applied For ☐ Not Applicable

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 24 Country 25	Zip 29 Country 30

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

SOWELL, ROBERT ← CURRENT 2/25/95
1122 LOFTIN ST.
PANAMA CITY FLORIDA 32401

10. Name and Address of New Registered Agent (crossed out)

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 32405
83 P.O. BOX 391
84 Panama City FL 85 Zip Code 32402

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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	☐ Change ☐ Addition
NAME	SOWELL, ROBERT ✓	1 2 NAME	
STREET ADDRESS	1122 LOFTIN ST	1 3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1 4 CITY-ST-ZIP	
TITLE	VSD	2 1 TITLE	☐ Change ☐ Addition
NAME	SOWELL, ELEANOR	2 2 NAME	
STREET ADDRESS	1122 LOFTIN ST.	2 3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
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 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 address.

SIGNATURE: Robert L. Sowell PRESIDENT 2-31-95 763-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410096 FP