

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90119 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **464696**

1. Corporation Name

SOWELL TRACTOR COMPANY, INC.

Principal Place of Business

2841 HIGHWAY 77 NORTH
P. O. BOX 744
PANAMA CITY FLORIDA 32404
US

Mailing Address

PO BOX 391
PANAMA CITY FLORIDA 32402
US

* Single Location Only

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1974

4. FEI Number

59-1551844

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SOWELL, ELEANOR W
2841 HWY 77 NORTH
PANAMA CITY FLORIDA 32405

10. Name and Address of New Registered Agent

81 Name

Roxanne L. Sowell

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

2841 Highway 77 North

83

84 City Panama City,

FL

85 Zip Code 32405

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

Roxanne L. Sowell VP Admin. *Roxanne L. Sowell* July 1, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SOWELL, ELEANOR W**
STREET ADDRESS **2841 HWY 77 NORTH**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VP** ☐ DELETE

NAME **SOWELL, ROBERT C**
STREET ADDRESS **2600 FIRST PLAZA**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **S** ☐ DELETE

NAME **SOWELL, ROXANNE L**
STREET ADDRESS **4455 W 19TH ST #16**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **T** ☐ DELETE

NAME **SOWELL, ROBIN L**
STREET ADDRESS **1305 ALABAMA AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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:

Robert L. Sowell **Robert L. Sowell**

July 1, 1999 850 763-5441

CR2E034 (5/99)