

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 530014

(0)

1. Corporation Name

MATHIS PLOW COMPANY



Principal Place of Business

HWY 82 E CLAYTON VILLAGE  
PO BOX 1277  
STARKVILLE MS 39759

Mailing Address

HWY 82 E CLAYTON VILLAGE  
PO BOX 1277  
STARKVILLE MS 39759

3. Date Incorporated or Qualified

03/18/1977

3a. Date of Last Report

05/30/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-1764123

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

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Zip 39760

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIS, LEON H JR.  
2090 SOUTH MARION ST.  
LAKE CITY FL 32025

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME MATHIS, INEZ G.  
STREET ADDRESS 103 HIAWASSEE DR.  
CITY-ST-ZIP STARKVILLE MS

TITLE PD ☐ DELETE

NAME MATHIS JR, LEON H  
STREET ADDRESS 103 HIAWASSEE DR.  
CITY-ST-ZIP STARKVILLE, MS 00000

TITLE TD ☐ DELETE

NAME SHOTTS, RHONDA M.  
STREET ADDRESS 230 MCCULLOUGH RD.  
CITY-ST-ZIP LOUISVILLE MS

TITLE VD ☐ DELETE

NAME MATHIS, LEON H. III  
STREET ADDRESS 128 CEDAR LANE  
CITY-ST-ZIP STARKVILLE MS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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

Date

Daytime Phone #

CR2E034 (12/95)