

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 APR 27 PM 3:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 625944

(4)

1. Corporation Name

MID-FLORIDA TRACTOR, INC.

Principal Place of Business

Mailing Address

**PO BOX 490006
P.O. BOX 6
LEESBURG FL 34748
US**

**PO BOX 490006
P.O. BOX 6
LEESBURG FL 34749-0006
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/14/1979

3a. Date of Last Report
05/12/1994

4. FEI Number
59-1920648

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 Sute, Apt. #, etc.

26 Sute, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCARBOROUGH, TROY B.
1200 S. 14TH ST.
LEESBURG FL 32748**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SCARBOROUGH, TROY B**
STREET ADDRESS **711 SUNSET DR**
CITY ST ZIP **BROOKSVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **SIMMONS, JAMES C**
STREET ADDRESS **319 BELLE OAK DRIVE**
CITY - ST - ZIP **LEESBURG, FL 0**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PD**
NAME **SCARBOROUGH, PATRICIAS**
STREET ADDRESS **711 SUNSET DR**
CITY - ST - ZIP **BROOKSVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **S**
NAME **SIMMONS, DEBORAH J**
STREET ADDRESS **913 BELLE OAK DR.**
CITY - ST - ZIP **LEESBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 119.07(3)(b), 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: JAMES C. SIMMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Simmons

4-24-95

904-787-1234

DATE

Telephone Number