

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 # 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

3. Date Incorporated or Qualified

06/14/1979

3a. Date of Last Report

04/27/1995

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE S/D ☒ Change ☐ Addition
1.2 NAME SCARBOROUGH, TROY B.
1.3 STREET ADDRESS 711 SUNSET DRIVE
1.4 CITY- ST- ZIP BROOKSVILLE, FL 34601

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME SIMMONS, JAMES C.
2.3 STREET ADDRESS 319 BELLE OAK DRIVE
2.4 CITY- ST- ZIP LEESBURG, FL 34748

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME SCARBOROUGH, PATRICIA S.
3.3 STREET ADDRESS 711 SUNSET DRIVE
3.4 CITY- ST- ZIP BROOKSVILLE, FL 34601

4.1 TITLE ASSIST. SECRETARY ☐ Change ☒ Addition
4.2 NAME WALTERS, DAVID S.
4.3 STREET ADDRESS 30415 GRANDVIEW DRIVE
4.4 CITY- ST- ZIP LEESBURG, FL 34748

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 100001855011
5.3 STREET ADDRESS -06/07/96--01012--052
5.4 CITY- ST- ZIP ***25.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 400001855014
6.3 STREET ADDRESS -06/07/96--01012--052
6.4 CITY- ST- ZIP ***200.00

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 *Troy B. Scarborough* 5/7/96 352-787-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)