

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **626396** (6)

1. Corporation Name
BURKHARD'S TRACTOR & EQUIPMENT, INC.

Principal Place of Business 4180 S UNIVERSITY DR. DAVIE FL 33328	Mailing Address 4180 S UNIVERSITY DR. DAVIE FL 33328-3006
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1979	3a. Date of Last Report 04/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1923417		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURKHARD, RICHARD 4180 S. UNIVERSITY DR. DAVIE FL 33328				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	VD	☐ DELETE		1.1 TITLE	☒ Change ☐ Addition		
NAME	BURKHARD, RICHARD			1.2 NAME			
STREET ADDRESS	16251 SADDLE CLUB RD. B3 #202			1.3 STREET ADDRESS	1067 N.W. 157th. Ave.		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			1.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33028		
TITLE	SD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	BURKHARD, DOUGLAS			2.2 NAME			
STREET ADDRESS	1067 NW 157TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	BURKHARD, BARBARA			3.2 NAME			
STREET ADDRESS	1201 NW 116TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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: *Barbara Burkhard* **Barbara Burkhard** 4/2/97 954-475-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)