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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 677421

(0)

Mailing Address

TREASURE COAST TRACTOR SERVICE, INC.

1210 PULITZER ROAD FT. PIERCE FL 34945		1210 Pulitzer Road Ft. Pierce Fl. 34945-4441	1210 PULITZER ROAD FT. PIERCE FL 34945-4442				
					3. Date Incorporated or Qualified 07/02/1980	3a. Date of Last 03/12/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2019451		lot Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		F. Oarthau (Oat David)	\$8.75	Additional
22		27	27		5. Certificate of Status Desired		Required
City & State	6	City & State	City & State		6. Election Campaign Financing	\$5.00	D May Be
23		28			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Coun	ry	8. This corporation has liability for in	ntangible tax under	s. 199.032,
24	25 29 30		30		Florida Statutes		
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Reg	istered Agent	
	KERS, ORRIN L.		8	1 Name			
1210 PULITZER ROAD FT. PIERCE FL 34945			8	82 Street Address (P.O. Box Number is Not Acceptable)			
, , , ,			8	3			
			8	4 City		FL 85 Zip	Code
11. Parscant t	to the crovisions of Sections 60	7 0502 and 607 1508. Florida Statu	tes the abo	ve-named cor	poration submits this statement for the pu	rroce of changing	its registered
office or re	egistored agent, or both, in the	State of Florida. Such change was:	authorized -	by the corpora	ation's board of directors. I hereby accept	the appointment a	s registered
	in rain iar with, and abbept the	obligations of, Section 607.0505, Fl	onda Statul	es.			
SIGNATURE	Segmature, typical or printed name of negit or	n 4 select sout Section at 192 (BIC)	F Floristicael A	nent e on atura ren	ered when re-ustating)	DATE	
12.		S AND DIRECTORS	13.	gont a gradiere requ	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	DELETE	1,1 TITU			☐ Change	
NAM ⁴ E	VICKERS, ORRIN LAWRENCE		1.2 NAM	E			
STREET ADORESS	4040 DUUTTED OD		1.3 STRE	ET ADDRESS			
COTY - ST - ZIP	FT. PIERCE FL 34945		1.4 CITY	1			
TITLE	S DELETE		2.1 11[1]		······	Change	Addition
NAME	MOVEDO DODIO		2.2 NAM			_ 5	
STREET ADDRESS	1210 PULITZER RD.		1	ET ADDRESS			
CITY - 51 - 20F	FT. PIERCE FL 34945		1	-S1-Z/P			
TITLE			3.1 TITLE			☐ Change	Addition
NAMS			3.2 NAM				Ì
STREET ADDRESS			3.3 \$186	ET ADDRESS			
CITY - ST - 21F			3.4 CIIn				
TITLE	☐ DELETE &				, ii	Change	Addition
NAME			4. 2 NAN	E			
STREET ACORESS			4.3 STR5	ET ADDRESS			
DITY - ST - ZiP			4.4 C(TY	-ST-ZIP			
TITLE		DELETE	5.1 1(1).6			Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CTY-ST ZIP			5 4 CITY	· ST- ZIP			
TITLE		DELETE	6 1 7171.6			Change	Addition
NAM?			62 NAM				
STREET ADDRESS			63 STRE	ET ADDRESS	<u> </u>		
C(TY - ST - 7)P			6.4 CITY				

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 indicator on the 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, I A or Block, I are received or in attachment with an address.