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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F00078

(8)

CAL WILSON TRACTOR SERVICE, INC.

Principa Place of Business
7294 SUNSHINE GROVE RD
RROOKSVILLE FL 34613

Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5. On May Re	7294 SUNSHINE GROVE RD BROOKSVILLE FL 34613			7294 SUNSHINE GROVE RD BROOKSVILLE FL 34613			
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28	2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			
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29	City & State		City & State	Oity & State		6. Election Campaign Financing	\$5 OO Nov Bo
26	23		28			, , ,	
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### Only ### Address IP O. Box Number is Not Acceptable; Page Comparison of Sections E47 0500 and 607 1506, Fanital Standers the above numed corporation submits this statement for the purpose of changing its registered agent, or both in the State of Fronts State of Early		9. Name and Address of Curre	ent Registered Agent		г	10. Name and Address of New R	egistered Agent
Sage CYRL DRIVE DADE CITY FL 33525 Bit Gity FL 85 Zip Code		*********		81	Name		
PADE CITY FL 33525				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 697 0502 and 607 1508. Foods Statutes the allower barried opportunities this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fords. Statute of the purpose of stanger with a state of fords, such charge was authorized by the corporation's board of directives. Thereby accept the appointment as registered agent. I am SGNATURE. Signature							
11. Pursuant to the provisions of Sentions 607 0505 and 607 1508, Fordia Statutes the above naised corporation submits this statement for the purpose of changing is registered officed by the corporation is board of directive. Theretay accept the appointment as registered algorit. Lam or registered agent, or both, in the State of Floods. Section 637,0505, Florical Statutes SIGNATURE SIGNATURE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITEL PD WILSON, CALVIN 12. OFFICERS AND DIRECTORS IN 12 ITEL PD WILSON, CALVIN 12. How I 12. New! 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITEL WILSON, MAUREEN C 27. AND STREET ADDRESS S288 CYRIL DRIVE 28. STREET ADDRESS S288 CYRIL DRIVE 29. STREET ADDRESS CITY-ST-2P BROOKSVILLE FL G10. STREET ADDRESS CITY-ST-2P 10. Change Addition Addition S28. STREET ADDRESS CITY-ST-2P 10. Change Change Addition Change Change Addition Change Addition Change Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change	DADE C	TY FL 33525		83			
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12.	ian mar witi	h, and accept the obligations of Sec	ction 637.0505, Florida	Statutes	ki aron s boar	or or offections, interedly accept the appo	Intment as registered agent. I am
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		certify that the information survived	with this files is not as	64 CET - S	1-7.P	the complete size of the	40.31.5

or the least certify that the information suppress with this ring is valuntarily turnished and does not qualify for the exemption stated in Section 119.0/(3)(k), Florida Statutes | Florida 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 trifstee empowered to execute this report as required by Chapter 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LIGHTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria 1 Wilson 5/9/96 (352) 597-1885