

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

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F00078** (8)
1. Corporation Name
CAL WILSON TRACTOR SERVICE, INC.



| | |
|---|---|
| Principal Place of Business 7294 SUNSHINE GROVE RD BROOKSVILLE FL 34613 | Mailing Address 7294 SUNSHINE GROVE RD BROOKSVILLE FL 34613 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 10/01/1980 | |
| 4. FEI Number 59-2025812 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

**WILSON, CALVIN H
5268 CYRIL DRIVE
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name VICTORIA L. WILSON |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1512 Oakhurst Drive |
| 83 |
| 84 City Brooksville |
| 85 Zip Code FL 34601 |

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 *Victoria L. Wilson* *Victoria L. Wilson Pres* 4/16/98
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 PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE Vice President, Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILSON, CALVIN | | 1.2 NAME | |
| STREET ADDRESS 5268 CYRIL DRIVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP DADE CITY FL | | 1.4 CITY-ST-ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILSON, MAUREEN C | | 2.2 NAME | |
| STREET ADDRESS 5268 CYRIL DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP DADE CITY FL | | 2.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 3.1 TITLE President, Treasurer, Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILSON, VICTORIA L. | | 3.2 NAME | |
| STREET ADDRESS 8373 PINWOOD AVE | | 3.3 STREET ADDRESS 1512 Oakhurst Drive | |
| CITY-ST-ZIP BROOKSVILLE FL | | 3.4 CITY-ST-ZIP Brooksville, FL 34601 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 *Victoria L. Wilson* *Victoria L. Wilson*

CR2E034 (10/97)