

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

FILED
Feb 02 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 # F97000003607 (5)

1. Corporation Name
SOUTH GEORGIA TRACTOR, INC.



Principal Place of Business 11025 MAHAN DRIVE TALLAHASSEE FL 32308	Mailing Address 11025 MAHAN DRIVE TALLAHASSEE FL 32308
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1997	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 58-1346502	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

COOPER, DURIE L
11025 MAHAN DRIVE
TALLAHASSEE FL 32308

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PV	<input type="checkbox"/> DELETE	1.1 TITLE COOPER, DURIE L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, DURIE L		1.2 NAME	
STREET ADDRESS 831 1ST AVENUE, N.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP CAIRO GA		1.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITE, DEBORAH B		2.2 NAME BELANGIA, CHRISTINE	
STREET ADDRESS LOT #6 371 POPE STORE ROAD		2.3 STREET ADDRESS 230 AKRIDGE ROAD	
CITY-ST-ZIP OCHLOCKNEE GA		2.4 CITY-ST-ZIP OCHLOCKNEE, GA	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE RONALD H. SELLARS, SR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME 267 GRANT ROAD	
STREET ADDRESS		3.3 STREET ADDRESS CAIRO, GA	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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)(f), 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: *Durie L. Cooper* **DURIE L. COOPER** 1-26-98

CR2E034 (10/97)