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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76135

(3)

SOUTHERN TRACTOR & EQUIPMENT, INC.

| Principal Place | e of Business | Mailing Address | Mailing Address | | | | - 100-271 0111 1012 07121 17101 01 | .,, ., | | | | |
|--|--|---|---------------------|--------------------|-------------|---|---|--|------------------------|----------------------|-------------------------|--|
| % DANIEL C. LONG 5651 SOLERA CT. FT MYERS FL 33919 | | % Daniel C. Long 5651 Solera Ct. Ft Myers Fl 33919-3432 | 5651 SOLERA CT. | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1985 01/24/1996 | | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | | , FEI Number | ······································ | | Appl | ied For | |
| 21 | | 26 | 26 | | | | 59-2581173 Not Applica | | | | Applicable | |
| Suite, Apt | #, e*c | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | . Certificate of Status Desired | | \$8.75 Additional | | | |
| 22 | | 27 | | | | | , Cermicate of Status Desired | | Fer | e Requ | uired | |
| City & State | e | City & State | City & State | | | 6 | . Election Campaign Financing | _ | \$ 5. | . 00 м | lay Be | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Ζφ | | Country | | | . This corporation has liability fo | | | er s. 1 | 99.032. | |
| 24 | 25 29 9. Name and Address of Current Registered Agent | | | 30 | | | Florida Statutes Yes X No 10, Name and Address of New Registered Agent | | | | | |
| | | ent Hegistered Agent | | 81 | Name | |), Name and Address of New I | registered | Agent | | | |
| | G, DANIEL C. | | | (" | mame | æ | | | | | | |
| | SOLERA CT | | 82 Street Addr | | | et Address (| P.O. Box Number is Not Accept | able) | | | 1-1-1- | |
| FT M | IYERS FL 33919 | | | | | | ~···· | | | | | |
| | | | | 83 | | | | | | | | |
| | | | | 84 | City | | | | 85 | Zip Co | ode | |
| | | | , , | | <u>.</u> | | | <u>FI</u> | | | | |
| office or r | to the provisions of Sections 607.0 registered agent, or both, in the Sta millanillar with, and accept the ob- | ate of Florida. Such change was | authorize | ed by | the cor | ed corporation or poration or | on submits this statement for the board of directors, I hereby acc | purpose eapt the ap | of changir pointmen | ng its r it as re | registered egistered | |
| SIGNATURE | Signative implicator particulatives of regulation | (M) eldaaggs 5 odd coch trege | TE: Registere | d Age | nt signatur | ure required whe | on reinstating) | DATE | | | | |
| 12. | | AND DIRECTORS | 13. | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AN | | ***** | | |
| TITLE | DP | DELETE | 117 | 1 1 THTLE | |] | | | Char | nge | Add/tion | |
| NAME | LONG, DANIEL C. | | 12 NAME | | | | | | | | | |
| STREET ADDRESS | 5851 SOLERA CT | | 135 | 13 STREET ADDRESS | | s | | | | | | |
| City-St-Zip | FT MYERS FL | | 1.4 0 | 1.4 CITY - \$T - | | | | | | | | |
| THLE | | DELETE | 2.1 T | | 1 TITLE | | | | Char | лде | Addition | |
| NAME | | | 2.2 N | AME | | | | | | | | |
| STREET ADDRESS | | | 23\$ | 2.3 STREET ADDRESS | | S | | | | | | |
| CITY-ST-20F | | | 2 4 CITY-ST-ZIP | | | | ************************************** | | | | | |
| TITLE | | DELETE | 3.1 T | 3.1 TITLE | | | | | Char | nge | Addition | |
| NAME | | | 3.2 NAME | | 1 | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | s | | | | | | | |
| CITY - ST - ZIP | | | 3.4 CITY-ST-ZI | | ST-ZIP | | | | | | | |
| TITLE | ☐ DELETE | | 4.1 7 | ITLE | | | | | Char | пде | Addition | |
| NAME | | | 4 21 | NAMÉ | | | | | | | | |
| STREET ADDRESS | | | 438 | TREET | ADDRESS | S | | | | | | |
| CITY - ST - ZIP | | | 440 | HTY-S | T-ZIP | | | | | | | |
| TOLE | | [_] DELETE | 517 | ITLE | | | | | Char | nge | Addition | |
| NAME | | | 5.2 / | IAME | | | | | | | | |
| STREET ADORESS | | | 5.3 S | TREET | ADDRESS | s | | | | | | |
| CITY-ST-ZP | | | 5.4 0 | CITY - S | ST-ZIP | | | | | | | |
| TITLE | | DELETE | 6.1 T | 6.1 TITLE | | | | | Char | nge | Addition | |
| NAME | | | 62 N | IAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 \$ | STREET | ADDRESS | s | | | | | | |
| CITY+ST-ZIP | | | | | T-ZIP | | | | | | | |
| | by certify that the information supp or indicated on this annual report of | | | | | | | | | | | |
| l am an o | flicer or a rector of the corporation in Block 12 or Block 13 if changed | or the receiver or trustee empor | wered to | | | | | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

941-482-1616

FILED

Jan 14 1997 8:00am

Secretary of State

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