## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # TUTEN'S EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address 3882 US HWY, 19 S. 3882 US HWY. 19 S. PERRY FL 32347 **PERRY FL 32347** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1985 04/20/1995 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 59-2582144 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing [7] Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Country TAYLOR Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TUTEN. HARVEY B JR. Street Address (P.O. Box Number is Not Acceptable) **B2** 3882 US HWY, 19 S. **PERRY FL 32347** 83 84 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 Signature, typed or printed name of registered agains and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1 1 TITLE Addition TUTEN, HARVEY B JR. 1.2 NAME 3882 US HWY, 19 S. STREET ADDRESS 1.3 STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP 1.4 C(1Y - ST - Z)P DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-ZIP 24 CITY-S1-ZIP DELETE 3 1 TITLE (T) Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY - \$1 - ZIP DELETE 4.1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP TT DELETE 5. 1 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 54 CITY - ST-ZIP DELETE 6. 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluentify that the information indicated of this annual report or supple oath; that I am an officer or directory the corporation or the receive nisted and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further dail report is true and accurate and that my signature shall have the same legal offect as if made under se empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name the corporation or nanged, or on an att appears in Block 12 or Block 13

SIGNATURE:

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