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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89261

(2)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SPINKS TRACTOR SERVICE, INC.

Country

9. Name and Address of Current Registered Agent

25

SPINKS, WAYNE E. 6115 BAKER ROAD

Principal Place of Business

6115 BAKER ROAD

NEW PORT RICHEY FL 34652

US

Mailing Address

PO BOX 460

NEW PORT RICHEY FL 34656

US

26

29

## FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

🗶 Yes

813-849-7279

Not Applicable

 Date Incorporated or Qualified 12/09/1985

4. FEI Number

59-260857

5. Certificate of Status Desired

6. Election Campaign Financing

1/28/98

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

6115 BAKER ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34652			83			
			65			
			84	City	FL 85 Zip Code	
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 agent and site if applicable. (NOTE Registered Agent signature required when relestating) DATE						
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	SPINKS, WAYNE E.		1.2 NAME			
STREET ADDRESS	601 BAKER RD.		1.3 STREET	address		
CITY-ST-ZIP	NEW PORT RICHEY FL	,	1.4 CITY-S	r- ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	į	☐ Change ☐ Addition	
NAME	SPINKS, GARY J.		2.2 NAME			
STREET ADDRESS	8010 SYCAMORE DR		2.3 STREET	ADORESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	_	2. 4 ÇITY - S	T-ZIP_		
TITLE	ST	DELETE	3.1 TITLE		Change Addition	
NAME	HICKS, PEGGY M.		3.2 NAME	ļ		
STREET ADDRESS	5801 C.R. 54		3.3 STREET	ADDRESS		
CITY - ST - ZIP	ELFERS FL		3.4. CITY-5	T-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME .			4. 2 NAME	J		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	r- zip		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	[-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		!	6.2 NAME			
STREET ADDRESS		ĺ	6.3 STREET	ADDRESS		
CITY - ST - ZIP			6.4 CITY-S			
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.						

**RECOURGARY Spinks** 

Country

81

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