

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90007 019 ***150.00

DOCUMENT # H89261

1. Corporation Name

SPINKS TRACTOR SERVICE, INC.



Principal Place of Business

6115 BAKER ROAD
NEW PORT RICHEY FL 34652
US

Mailing Address

PO BOX 460
NEW PORT RICHEY FL 34656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1985

4. FEI Number

59-2608575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SPINKS, WAYNE E.
6115 BAKER ROAD
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

Gary J. Spinks

82 Street Address (P.O. Box Number is Not Acceptable)

6115 Baker Road

83

84 City

New Port Richey FL

85 Zip Code

34652

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 title if applicable.

Gary J. Spinks, Pres., V. Pres., 1-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME SPINKS, WAYNE E.
STREET ADDRESS 601 BAKER RD.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME SPINKS, GARY J.
STREET ADDRESS 8010 SYCAMORE DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME HICKS, PEGGY M.
STREET ADDRESS 5801 C.R. 54
CITY-ST-ZIP ELMERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Gary J. Spinks, Pres., V. Pres., 1-26-99 727-849-7279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)