

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11: 33

DOCUMENT # **J34921 (3)**  
1. Corporation Name  
**COUCH'S CUSTOM TRACTOR SERVICES, INC.**

Principal Place of Business Mailing Address  
**725 HILLTOP COURT  
1507 MORNINGSID DR  
MOUNT DORA FL 32757  
US** **C/O 725 HILLTOP CT.  
725 HILLTOP CT.  
MOUNT DORA FL 32757  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/22/1986** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2739393** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
|                                |                     | 30                  | Country             |

|                                                                   |  |  |  |                                              |                                                    |          |
|-------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----------|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent |                                                    |          |
| <b>COUCH, DOUGLAS<br/>725 HILLTOP CT.<br/>MOUNT DORA FL 32757</b> |  |  |  | B1                                           | Name                                               |          |
|                                                                   |  |  |  | B2                                           | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                   |  |  |  | B3                                           |                                                    |          |
|                                                                   |  |  |  | B4                                           | City                                               |          |
|                                                                   |  |  |  | FL                                           | B5                                                 | 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b>                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COUCH, ANDREW E.</b>    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1655 MORNINGSID DR.</b> | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MT. DORA FL</b>         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>D</b>                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COUCH, JEANETTE M.</b>  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1655 MORNINGSID DR.</b> | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MT DORA FL</b>          | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>DP</b>                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COUCH, DOUGLAS L.</b>   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>725 HILLTOP CT</b>      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MT DORA FL</b>          | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 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                      |                            | 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                      |                            | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas L. Couch*

3/31/95