

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

**APPROVED  
AND  
FILED**

INCORPORATION  
STATE OF FLORIDA  
1995



THE DEPARTMENT OF STATE  
SECRETARIAT  
TALLAHASSEE, FLORIDA

95 MAY -1 11 9:37

DOCUMENT # **K70509** (0)

**PORT ST. LUCIE TRACTOR SERVICE, INC.**

STATE OF FLORIDA  
DEPARTMENT OF STATE

1. Principal Office Address		2a. Mailing Address	
1065 SO. BROCKSMITH RD FT. PIERCE FL 34945		1065 SO. BROCKSMITH RD FT. PIERCE FL 34945	
2. Principal Office Telephone	2b. Mailing Address Telephone	3. Date of Incorporation	3a. Date of Last Report
21	26	03/02/1989	04/04/1994
22	27	4. FET Number	Applied For
23	28	65-0110612	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REVELS, PAUL M.  
1865 S. BROCKSMITH RD.  
FT. PIERCE FL 33451**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code

**FL**

11. Pursuant to the provisions of Sections 220.02 and 220.14(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to another 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 Sections 220.02, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS	
NAME	PD REVELS, PAUL M. 1865 S. BROCKSMITH RD. FT. PIERCE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST REVELS, DEBRA S. 1865 S. BROCKSMITH RD. FT. PIERCE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the registration subject to Section 220.02(1)(b), Florida Statutes. I further certify that the information is based on the official report or supplemental annual report of the corporation and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of the provisions of the registration of this corporation as required by Chapter 220, Florida Statutes, and that my name appears in Block 13 of Block 13 of the report or annually furnished to the address.

SIGNATURE: *Debra S Revels* 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR