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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L41938

Country

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24

G & L TRACTOR SERVICES, INC.

Principal Place of Business	Ma ing Address					
B1 REDWOOD TRACK COURSE OCALA FL 34472 US	81 REDWOOD TRACK COURSE OCALA FL 34472 US					
	00	3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 05/01/1995			
Principal Place of Business 1	2a. Mailing Address	4. FEI Number		Applied For		
	26	59-2996878		Not Applicat		
Suite, Apt. #, etc.	Suite, Apt. #, etc	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be		

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This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REGISTER, LONNIE L 82 Street Address (P.O. Box Number is Not Acceptable) 81 REDWOOD TRACK COURSE **OCALA FL 34472** 83 84 City

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.

Country

SIGNATURE Signature, typical or printed have of registered agent are titled applicable (NOTE: Registered Agent Signature required when reinstating). DATE								
12. OFFICERS AND DIFFECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	\$	DELETE	1. 1 TITLE		☐ Change	Addition		
NAME	REGISTER, CHERYL		1.2 NAME					
STREET ADDRESS	81 REDWOOD TRACK COURSE		1.3 STREET ADDRESS					
CITY-ST-ZIP	OCALA FL		1.4 CITY - ST - ZIP					
TITLE	D	☐ DELETE	2 1 HILE		Change	Addition		
NAME	register, Lonnie L.		2.2 NAME			_		
STREET ADDRESS	81 REDWOOD TRACK COURSE		2 3 STREET ADDRESS					
CITY-SI-ZIP	OCALA FL		2 4 CITY-ST-ZIP					
TITLE		DELFTE	3 1 TITLF		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3. STREET ADDRESS					
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TITLE		DELFTE	4. 1 TITLE		Cnange	Addition		
NAME			4.2 NAME					
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NAME			5.2 NAME					
STREET ADORESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5 4 CITY-ST-7IP					
TITLE		[]] DELETE	6 1 TITLE		☐ Change	Addition		
NAME			6 2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of the poeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation appears in Block 12 or Block 12 if changed, or on any appears in Block 12 or Biock

SIGNATURE MING OFFICER OR DIRECTOR

Trust Fund Contribution

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Zip Code