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

APPROVED AND FILED

95 MAY -1 PM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86685 (9)

1. Corporation Name
GENE'S TRACTOR SERVICE, INC.

Principal Place of Business	Mailing Address
~~1044 MAIN ST~~	~~1044 MAIN ST~~
~~P.O. BOX 3269 (34230-3269)~~	~~P.O. BOX 3269 (34230-3269)~~
~~SARASOTA FL 34236~~	~~SARASOTA FL 34236~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2726 Kilgore Pl.
Suite, Apt # etc 22	
City & State 23	SARASOTA FL
Zip 24	34235
Country 25	SARASOTA
2a. Mailing Address 26	P.O. Box 14097
Suite, Apt # etc 27	
City & State 28	SARASOTA, FL
Zip 29	34235
Country 30	SARASOTA

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 05/17/1994
4. FEI Number: 65-0277482 ☐ 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

9. Name and Address of Current Registered Agent

DENT, JOHN C., JR.
~~1044 MAIN ST~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 330 South Orange Avenue
83
84 City: Sarasota FL 85 Zip Code: 34236

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☑ Change ☐ Addition
NAME	HITT, GENE	NAME	
STREET ADDRESS	~~3010 47TH ST.~~	STREET ADDRESS	2726 KILGORE PL.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34235
TITLE	S	TITLE	☑ Change ☐ Addition
NAME	HITT, ELIZABETH L.	NAME	
STREET ADDRESS	~~3010 47TH ST.~~	STREET ADDRESS	2726 KILGORE PL
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34235
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 119.07(1)(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.

SIGNATURE: Elizabeth L. Hitt — 4-25-95 — 954-6065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELIZABETH L. HITT — Date — Daytime Phone #

0341181 CP