## **FILED** Mar 26, 2003 8:00 am 3 Secretary of State

| OCALA TRACTOR AND EQUIPMENT, INC.                                     |  |   |   |   |  |   |  | 03-26   | -2003 9013   | 32 022 ***  | **150   | 0.00                                  |
|---|--|---|---|---|--|---|--|---|--|---|---|---------------------------------------|
| Principal Place of Business<br>5841 N HWY 441<br>OCALA FL 34475<br>US |  |   | Mailing Address P. O. BOX 2738 OCALA FL 34478-2738 US   |   |  |   |  |   |  |   |   |                                       |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |   |  |   | ļ  |   | <b>8 18</b> 111 1 <b>1881</b> 1111   |   |   |                                       |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |   |  |   | CHECK HERE IF MAKING CHANGES   |   |  |   |   |                                       |
| City & State  |  |   | City & State  |   |  |   | 1 59-302395h H   |   |  |   | _   | plied For<br>t Applicable             |
| Zip Country   |  |   | Zip Cour  |   | ntry 5.  |   | 5. Certific  | Certificate of Status Desired S8.75 Additive Fee Required |  |   |   |                                       |
| 6. Name   | and Address of Currer  | nt Registere  | egistered Agent   |   | 7.   |   | 7. Name and Address of New Registered Agent  |   |  |   |   |                                       |
|   | •  | 5-3   |   | -   | Name*  | <del>جےنہ۔</del> رنے د  | <del>-</del>   |   |  |   | وببوت   |                                       |
| MCPHERSON, HUGH   |  |   |   | Street Address                            |  |   | P.O. Box Number is Not Acceptable)   |   |  |   |   |                                       |
| 8290 N.W. 60TH AVENUE   |  |   |   |   | Street Address (F.O. Box Number is Not Acceptable)   |   |  |   |  |   |   |                                       |
| 32675   |  |   |   |   |  |   |  |   |  |   |   |                                       |
|   |  |   |   |   | City   | y <b>F</b> Zip Code   |  |   |  |   |   | <u> </u>                              |
| ns of regist  | ered agent.  |   |   |   |  |   |  |   |  |   | r with,   | and accept                            |
|   |  |   | ,,,,,,,   |   |  |   | 1  |   |  |   |   |                                       |
| May 1, 201  | 03 Fee will be \$550.0   |   |   |   |  |   | 9.   | •   | •  | _   |   | May Be<br>to Fees                     |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                               |  |   |   |   |  |   | ADDITIONS/CHANGES TO DEFICEDS AND DIRECTORS IN 11  |   |  |   |   |                                       |
| 8290 NW   | SON, HUGH M.<br>60 AVENUE  |   | ☐ Delete  | I TITLI<br>NAM<br>STRE                    | E<br>ET ADDRESS  |   | ABBITIO  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   | 0 011102110  |   |   | Addition                              |
|   |  |   | ☐ Delete .  | nam<br>Stre                               | E<br>ET ADDRESS  |   |  |   | THE STATE OF THE S | □ CI  | nange:  | Addition                              |
|   |  | -   | Delete  | NAM<br>STRE                               | E<br>ET ADORESS  | - 41  | <b>~</b>   |   |  | ☐ Cr  | nange   | Addition                              |
|   |  |   | ☐ Delete  | NAM<br>STRE                               | E<br>ET ADDRESS  |   |  |   |  | ☐ CI  | nange   | Addition                              |
|   |  |   | □ Delete  | NAMI<br>STRE                              | E<br>Et address  |   |  |   | ,  | □ c   | nange   | ☐ Addition                            |
| ppiffy, physical ca   | information constint with  | th this filing                                      | Delete  | TITLE<br>NAMI<br>STRE<br>CITY             | ET ADDRESS   |   | - 140 CT   | (/OV:) Fl C:  |  | •   |   | Addition                              |
|   | of Busines fl of Busines fl of Susines fl of | of Business file file file file file file file file | of Business  If P. O  Social States  Address of Current Registers  ON, HUGH 60TH AVENUE 32675  Armed entity submits this statement for the purpos of registered agent.  Gray States  OFFICERS AND DIRECTO  PTVS  MCPHERSON, HUGH M.  8290 NW 60 AVENUE  OCALA FL | ACTOR AND EQUIPMENT, INC.  of Business #I | ACTOR AND EQUIPMENT, INC.  of Business 41  P. 0. 80X 2738 OGALA FL 34478-2738 US  ce of Business 3. Mailing Address Jus  ce of Business 3. Mailing Address Jus  ce of Business 3. Mailing Address Jus  ce of Business 4. Apt. #, etc.  City & State  Country  Zip  Cour  6. Name and Address of Current Registered Agent  DN, HUGH 60TH AVENUE 32675  amed entity submits this statement for the purpose of changing its registerns of registered agent and title if applicable.  [NOTE: Registered Registered Agent  [NOTE: Registered  [N | MACTOR AND EQUIPMENT, INC.  of Business 41  P. 0. 80X 2738  OCALA FL 34478-2738  US  ce of Business  3. Mailing Address P. 0. 80X 2738  OCALA FL 34478-2738  US  ce of Business  3. Mailing Address  4. Country  2. Suite, Apt. #, etc.  City & State  Country  5. Name and Address of Current Registered Agent  City & State  Country  5. Name and Address of Current Registered Agent  Street Accountry  6. Name and Address of Current Registered Agent  Street Agent algorithment  Street Agent algorithment  (NOTE Registered Agent algorithment  (NOTE Registered Agent algorithment  (NOTE Registered Agent algorithment  CITY ST-2P  TITLE  NAME STREET ADDRESS CITY ST-2P  Delete  TITLE  NAME STREET ADDRESS CITY ST-2P  Delete | MACTOR AND EQUIPMENT, INC.  of Business Mailing Address P. O. BOX 2738 COALA F. 34478-2738 US  ce of Business  3. Mailing Address US  ce of Business  4. Mailing Address US  ce of Business  3. Mailing Address US  ce of Business  4. Mailing Address US  ce of Business  5. Mailing Address US  ce of Business  6. Name and Address of Current Registered Agent  City & State  Country  6. Name and Address of Current Registered Agent  Street Address (P. City  Street Address (P. City  City  amed entity submits this statement for the purpose of changing its registered office or registere as of registered agent.  (MOTE Registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered office or registere as of registered agent.  ENOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  TILE  NAME SIRET ADDRESS CITY-ST-ZP  Delete  11.  Del | ACTOR AND EQUIPMENT, INC.    Mailing Address              | Mailing Address  ## P. O. BOX 2738 OCALA FL 34478-2738 US    Country   | ACTOR AND EQUIPMENT, INC.    Mailing Address   P. O. 60X 2738   OCALA FL 9476-2738   US | ACTOR AND EQUIPMENT, INC.    Assiling Address   P. O. 80x 278   COALA R. 9478-2738   US | ACTOR AND EQUIPMENT, INC.    Susiness |

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OC REO(Hugh M.) McPherson, Pres.

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

L88975

DOCUMENT #

3-24-03 Date

352-732-8585

Daytime Phone #