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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L91712 (4)

1. Corporation Name
QUALITY TRACTOR AND EQUIPMENT, INC.

Principal Place of Business

4175 BROAD ST.
BROOKSVILLE FL 34609

Mailing Address

4175 BROAD ST.
BROOKSVILLE FL 34609-7557



3. Date Incorporated or Qualified
08/03/1990

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1400 PARRIS DELEON BLVD 26 1400 PARRIS DELEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Brooksville, FL

28 Brooksville, FL

Zip

Country

Zip

Country

24 34601-1670 25 HERNANDO 29 34601-1670 30 HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID B.
5097 LAKEWOOD DR.
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME FOSTER, DAVID B.
STREET ADDRESS 5097 LAKEWOOD DR.
CITY-ST-ZIP DADE CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME LOWE, MIKE R.
STREET ADDRESS 619 IRIS ST.
CITY-ST-ZIP BROOKSVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:

DAVID B FOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97 352-754-9860

CR2E034 (9/96)