

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/11

FILED
Sep 08, 2004 8:00 am
Secretary of State

08-16-2004 90015 048 ***550.00

DOCUMENT # P02000132621

1. Entity Name
TUCKER EQUIPMENT CORP. OF FLORIDA, INC.



Principal Place of Business
15791 SW 46 CIR
OCALA, FL 34473

Mailing Address
15791 SW 46 CIR
OCALA, FL 34473

66433158



2. Principal Place of Business
3495 SW 100th ST
Suite, Apt. #, etc.

3. Mailing Address
3495 SW 100th ST
Suite, Apt. #, etc.

03182003 Chg-P CR2E034 (10/03)

City & State
OCALA FL
Zip
34476
Country
USA

City & State
OCALA FL
Zip
34476
Country
USA

4. FEI Number
13-4227245
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HICKS, DANIEL
421 S PINE AVE
OCALA, FL 34474

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Howard W. Tucker III* DATE *August 11, 2004*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TUCKER, HOWARD W III	
STREET ADDRESS	15791 SW 46 CIR	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TUCKER, MARILYN W	
STREET ADDRESS	15791 SW 46 CIR	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, HOWARD W. III	
STREET ADDRESS	2495 SOUTHWEST 100th ST	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MARILYN W	
STREET ADDRESS	2495 SOUTHWEST 100th ST	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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.

SIGNATURE: *Howard W. Tucker III* 9-104 352-369-8355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HOWARD W. TUCKER III PRESIDENT