

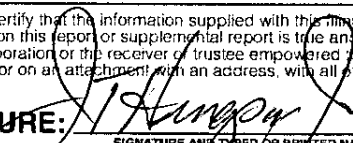


FILED
Feb 23, 2004 8:00 am
Secretary of State

[illegible]

DOCUMENT # P03000147989						Secretary of State 02-23-2004 90037 018 ***150.00																																	
1. Entity Name SUWANNEE TRACTOR HOLDINGS, INC.																																							
Principal Place of Business 10055 HIGHWAY 129 SOUTH LIVE OAK, FL 32060				Mailing Address 10055 HIGHWAY 129 SOUTH LIVE OAK, FL 32060																																			
2. Principal Place of Business				3. Mailing Address				 02162004 Chg-P CR2E034 (10/03) 4. FEI Number 20-0567190 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
Suite, Apt. #, etc.				Suite, Apt. #, etc.																																			
City & State				City & State																																			
Zip		Country		Zip		Country																																	
6. Name and Address of Current Registered Agent HINGSON, J.T. JR 10055 HIGHWAY 129 SOUTH LIVE OAK, FL 32060						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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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: 						J. T. Hingson, Jr. 02-16-04 386-362-1113																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date Daytime Phone #</small>																																	