

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 APR -4 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149249

1. Entity Name
EVERETT'S TRACTOR SERVICE, INC.



Principal Place of Business
3400 S.R. 46
SANFORD, FL 32771

Mailing Address
3400 S.R. 46
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

P.O. Box 470082



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005

REIN-P

CR2E098 (6/04)

City & State

City & State

LAKE MONROE FL

4. FEI Number

20-0484380

Applied For
Not Applicable

Zip

Country

Zip

32747

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIFIELD, EVERETT
2269 MATTHEW CIR.
DELTONA, FL 32725

Name

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

REINSTATEMENT

04-05

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MRS

PRIOR YEAR PAID 150.00
FILE NOW!!! FEE IS \$300.00-

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME FIFIELD, EVERETT
STREET ADDRESS 3400 S.R. 46
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete
NAME FIFIELD, EVERETT
STREET ADDRESS 3400 S.R. 46
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

4/1/04 90009030 X 150.00

500050603275
04/13/05--01004--019 **150.00

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:

Everett R Fifeild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

Daytime Phone #