

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 27 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 # P94000010509 (5)

1. Corporation Name

CUSTOM TRACTOR WORK, INC.



Principal Place of Business

**RT 2 BOX 203
ALACHUA FL 32615**

Mailing Address

**RT 2 BOX 203
ALACHUA FL 32615-9802**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ROSS, JOSEPH G
RT 2 BOX 203
ALACHUA FL 32615**

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

06/19/1996

4. FEI Number

59-3227063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**D
ROSS, JOSEPH G
RT 2 BOX 203
ALACHUA FL 32615**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**D
ROSS, FANNIE V
RT 2 BOX 203
ALACHUA FL 32615**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**D
ROSS, EDWARD H
RT 2 BOX 203
ALACHUA FL 32615**

☒ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**D
ROSS, CALVIN E
4248 NW 13 TERR
GAINESVILLE FL 32605**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP**

☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP**

☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP**

☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP**

☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP**

☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP**

☐ Change ☐ Addition

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:

Fannie V. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

Date

904-462-3439

Daytime Phone #

CR2E034 (9/96)