

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069723 (2)

1. Corporation Name

TRACTOPARTS - ARCADIA, INC.



Principal Place of Business

2115 S.E. HIGHWAY 70
ARCADIA FL 33821

Mailing Address

2115 S.E. HIGHWAY 70
ARCADIA FL 33821

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
124 N. BREVARD AVENUE
ARCADIA FL 33821

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 607.1502, 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to file this statement

Signature of Agent or person authorized to file

Date

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

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21. TITLE

22. NAME

23. STREET ADDRESS

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25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is a report of a corporation, 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 on the date of filing, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked. I am an authorized agent of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (941) 494-7440

CR2E034 (12/95)