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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024928 (0)

INDIAN RIVER TRACTOR REPAIR & SALES, INC.

Principal Place of Business 9100 16TH PLACE, STE. 7 Mailing Address

9100 16TH PLACE, STE. 7

FILED Feb 21 1997 8:00am Secretary of State



VERO BEACH FL 32966		VERO BEACH FL 32966-7500						
							ate of Last Report 24/1996	
2. Principal Place of Busi	ness	2a. Mailing Address			4. FEI Number		App	lied For
21 9035 12	The Place	26 9035 17	The PA	nce	65-0561029		Not	Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ac Fee Rec	
City & State 23 UELO BEACL	Ħ.	City & State	sch F	/.	Election Campaign Financing Trust Fund Contribution		\$5.00 N	, I
Zip	Country	28 JERO BEN Zip Zip 29 32968	Cou	niry	This corporation has liability for Florida Statutes	intangible ta		199.032,
24 3670 P	and Address of Curre	29 JZ 760	30 - 1		10. Name and Address of New Re			
MILLS, WILLIA	M B .M BLVD., STE. 203			Street Add	Drwold Rollus Iress (P.O. Box Number is Not Acceptate 35 17 14 Place	ole)		
				83 City / e	AS BEACL	FL	85 Zip C	8 ^{de} o
		1007 (500 F. 11 D.					36 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	768
office or rea stered a	cent, or both, in the State	e of Florida. Such change was actions of, Section 607.0505,	as authorize	d by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the appoin	ntment a s r	egistered
Signature type	d or printed name of registered ag	ent and title if applicable (f		d Ageni signatura requ	MICH MICH TONISIGNADI	DAIL		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE ST	-05 500	☐ DELETE	1.1 TI	TLE		L	Change	Addition.
	DE, RON		1.2 N	AME				
STREET ADDRESS 2148 17			1.3 \$	REET ADDRESS				
CITY-SI-ZIP VERO B	EACH FL		140	TY-ST-ZIP				
TITLE		DELETE	2 1 T	TLE .			Change	Addition
NAME			2.2 N	AME				
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CITY-S1-ZIP			2 4 (ITY-ST-ZIP				
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NAME			3.2 N	AME				
STREEL ADDRESS				TREET ADDRESS				
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TIPLE						_	*** ***********	
NAME			5.2 N	l l				
STREET ADDRESS				TREET ADDRESS				
CITY-SI-ZIP		I DECEM		ITY-ST-ZIP		T	Change	Addition
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NAME			6.2 N					
STREET ADORESS			6.3 S	TREET ADDRESS				
CHY-ST-ZIP			6.4 0	ITY-ST-ZIP				
14. I do hereby certify th	at the information suppli	ed with this filing does not q	ualify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	as. I further o	ertify that t	he

6. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), horida statutes. Find 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 of floor 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-19.97 561-770.2444