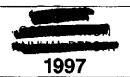
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortigam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043603 (6)

JEFF GODWIN'S TRACTOR WORKS, INC.

REINSTATEMENT 1997

Principal Place of Business

Mailing Address



97 OCT 31 PM 4:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



460 CHADSON STREET PENSACOLA FL 32514			480 CHADSON STREET PENSACOLA FL 32514		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report 02/23/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-3325179	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z ip 24	Country 25	Z _{IP} 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🚜 Yes 🗌 No		
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Reg	istered Agent	
GODWIN, JEFF				1 Name			
	CHADSON STREET SACOLA FL 32514		8	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
			8	3			
ļ.		•	8	4 City		FI 85 Zip Code	
office or re	egistered agent, or both, in the	607.0502 and 607.1508, Florida Sta he State of Florida. Such change wa he obligations of, Section 607.0505,	as authorized l	ve-named cor by the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	Stepp Gopwy	-	A.M.	gent signature requ	ired when reinstating)	10-27-97	
12.		ERS AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TOLE			Change Addition	
NAME	GODWIN, JEFF		1.2 NAM8		Market Control of the State of	and thought and thousand and	
STREET ADDRESS	460 CHADSON STREET	Т	1.3 STHEFT ADDRESS		8000023388582 -11/05/9701067012		
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 C/TY - \$1 - 7/P		কককልርርር ርርር কককক, ነርር ርርር በ11/ሰውኒው ነርር কককক, ነርር		
TITLE			2171111		·····································	Change Addition	
NAME			2 2 NAME				
SIREET ADDRESS			2.3 STRE	ET ADDRESS			
TY-ST-ZIP			2. 4 CHY	-SI-ZIP			
TITLE		DELETE	3.1 T/TLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	F1 ADDRESS			
CITY-ST-ZIP			3 4. CITY	-ST-ZIP			
TITLE		DELETE	4.17171.6			Change Addition	
NAME			4. 2 NAM	f			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CiTY -	S1-ZIP		ì	
TITLE		DELETE	51 TITLE			Change Addition	
NAME			5.2 NAM		^		
STREET ADDRESS			5.3 STRELT ADDRESS		(1) (1)	and	
CITY-ST-ZIP			5.4 CITY-		u.u.	31 41 Garge D Addition	
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NAME			6.2 NAME		10	101111	
STREET ADDRESS			6.3 STREE	1 ADDRESS	•	<i>j j</i>	
AITH AT THE				61. 345	•		

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 trusted 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.

CIGNATURE.

11/11/11/11

14.1497

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