

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049688 (1)**

1. Corporation Name

S & S TRACTOR INC.



Principal Place of Business

**2576 OLD NEW YORK AVENUE
DELAND FL 32720**

Mailing Address

**2576 OLD NEW YORK AVENUE
DELAND FL 32720**

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

**MURRAY, SHANE R
2576 OLD NEW YORK AVENUE
DELAND FL 32720**

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

4. FFI Number
59-3347777

Applied For
Not Applicable

5. Certainty 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's Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0407 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0975, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MURRAY, SHANE R**
STREET ADDRESS **2576 OLD NEW YORK AVENUE**
CITY-STATE-ZIP **DELAND FL 32720**

TITLE **TD**
NAME **MURRAY, DEBORAH D**
STREET ADDRESS **2576 OLD NEW YORK AVENUE**
CITY-STATE-ZIP **DELAND FL 32720**

TITLE **VSD**
NAME **LANE, GEORGE A II**
STREET ADDRESS **700 S. CYPRESS AVE.**
CITY-STATE-ZIP **ORANGE CITY FL 32763**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

45 TITLE

46 NAME

47 STREET ADDRESS

48 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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 a attachment with an address.

SIGNATURE:

Deborah D. Murray **Deborah D. Murray** 04/05/96 94-934-51500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)