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

PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90043 009 \*\*\*150.00

## DOCUMENT # P95000049688

1. Corporation Name

S&STI	RACTOR INC.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Principal Place	e of Business	Mailing Address				I IBÔIIANI KA IRINI BULI BULI	ABIIL BAIN BBI	'il Biğin tarın artar ı	<b>     </b>
2049 W HIGHWA DELAND FL 327 US		2049 W HIGHWAY 44 DELAND FL 32720 US			DO NOT WRITE IN THIS SPACE				
55						3. Date Incorporated or Qualife	d		
						06/23/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21	<u> </u>	26	<u></u>			59-3347777	<u> </u>	<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
City & State	e	City & State			6. Election Campaign Financing	g 🗆	\$5.00		
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	intry	•	8. This corporation owes the cu	irrent year l		₽No
24 25		29	30			Personal Property Tax. Yes Latho  10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New	Negistere	u Aguin	
MUR	RAY, DEBORAH D				·				
	OLD NEW YORK AVENUE		82 Street Add			dress (P.O. Box Number is Not Acce	otable)		
DELAND FL 32720				83					
								Ta=1"7:- C	
<u>.</u>				84	City		F	L 85 Zip C	ode
office or reagent. I as	to the provisions of Sections 607.050 ggistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age.	tions of, Section 607.0505, Fit	orida Stat	utes	,	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 ΤΙ	TLE				Change	Addition
NAME	MIKELL, JAMES MASON		1.2 N	AME					
STREET ADDRESS	2049 W HIGHWAY 44		1.3 S	TREE	T ADDRESS				
CITY-ST-ZIP			1.4 CI	ITY-S	T-ZIP				
TITLE	VP	/P □ DELETE 2.1		TLE				Change	☐ Addition
NAME	MURRAY, MICHAEL J			AME					
STREET ADDRESS	2576 OLD NEW YORK AVE				TADDRESS	• , •			
CITY-ST-ZIP	DELAND FL 32720	□ DELETE	2. 4 C		ST-ZIP	<del> </del>		Change	Addition
TITLE	NIKELI MELODY		3.1 II 3.2 N						_ `
NAME CYPEET ADDRESS	MIKELL, MELODY 2049 W. HWY 44				T ADDRESS				
STREET ADDRESS	DELAND FL 32720	•			ST-ZIP				
CITY-ST-ZIP TITLE	S	DELETE	4.1 Ti					Change	Addition
NAME	MURRAY, DEBBIE		4. 2 N						- }
STREET ADDRESS	2576 OLD NEW YORK AVE				TADDRESS	•			Ì
CITY-ST-ZIP	DELAND FL 32720				T-ZIP				
TITLE		DELETE	5.1 TI	ITLE				Change	☐ Addition
NAME			5.2 N						
STREET ADDRESS					TADORESS				
CITY-ST-ZIP	**************************************				T-ZIP	A		Change	□ Addisia -
l mne	i e e e e e e e e e e e e e e e e e e e	□ DELETE	6.1 TI	IILE	)			{∪nange	Addition

14. I 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 chapter 607 or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP