

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088392 (2)

1. Corporation Name

BREVARD TRACTOR, INC.

Principal Place of Business

6600 WEST MIDWAY ROAD
FORT PIERCE FL 34981

Mailing Address

6600 WEST MIDWAY ROAD
FORT PIERCE FL 34981



3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 2331 Aurora Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 2331 Aurora Rd

Suite, Apt. #, etc.

22 City & State

23 Melbourne FL

24 32935

Country

USA

27 City & State

28 Melbourne FL

29 32935

Country

USA

4. FEI Number

65-0628213

Applied For

Not Applicable

5. Certificate 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. 193.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS, GARY
6600 WEST MIDWAY ROAD
FORT PIERCE FL 34981

10. Name and Address of New Registered Agent

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of filing

Signature, typed or printed name of registered agent, and date of filing

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME EVANS, GARY
STREET ADDRESS 7659 CHARLESTON WAY
CITY-ST-ZIP PORT ST. LUCIE FL 34986

☐ DELETE

TITLE V
NAME BROWN, TONY
STREET ADDRESS 1561 - APT. B, PHEASANT WALK
CITY-ST-ZIP FORT PIERCE FL 34950

☐ DELETE

TITLE S
NAME EVANS, DIANNA
STREET ADDRESS 7659 CHARLESTON WAY
CITY-ST-ZIP PORT ST. LUCIE FL 34986

☐ DELETE

TITLE T
NAME BROWN, ARIENNE
STREET ADDRESS 1561 - APT. B, PHEASANT WALK
CITY-ST-ZIP FORT PIERCE FL 34950

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-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 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: Arienne M Brown for Arienne M Brown 4-29-96 407-254-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)