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 # **P96000001285 (1)**

1. Corporation Name

HUGH J. CLINE'S TRACTOR SERVICE, INC.

Principal Place of Business
2578 VENICE DR
PALM BEACH GARDENS FL 33410-2064

Mailing Address
2578 VENICE DR
PALM BEACH GARDENS FL 33410-2064

3. Date Incorporated or Qualified: **12/24/1995**
3a. Date of Last Report: 12-24-95

2. Principal Place of Business
21 2578 Venice Dr
22 Suite, Apt. #, etc.
23 City & State: PB Gdns Fl
24 Zip: 33410-2064 Country: PBch

2a. Mailing Address
26 2578 Venice Dr
27 Suite, Apt. #, etc.
28 City & State: P. B Gdns Fl
29 Zip: 33410-2064 30 Country: PBch

4. FEI Number: EIN 65-0632877 (IRS) — 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLINE, ELIZABETH B
2578 VENICE DR
PALM BEACH GARDENS FL 33410-2064

10. Name and Address of New Registered Agent
81 Name: Cline, Elizabeth B
82 Street Address (P.O. Box Number is Not Acceptable): 2578 Venice Dr
83 PB Gdns
84 City: FL 85 Zip Code: 33410-2064

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: Elizabeth B Cline by dp — Elizabeth B Cline (Signature, typed or printed name of registered agent and the capacity in which appointed) (Note: Registered Agent signature required when resigning) DATE: 4-1-96

12. OFFICERS AND DIRECTORS

TITLE	Pres / Owner ☐ DELETE
NAME	Hugh J. Cline
STREET ADDRESS	2578 Venice Dr
CITY-ST-ZIP	PB Gdns Fl 33410-2064
TITLE	V.Pres, Secy/Treas/Owner ☐ DELETE
NAME	Elizabeth B Cline
STREET ADDRESS	2578 Venice Dr
CITY-ST-ZIP	PB Gdns Fl 33410-2064
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Elizabeth B Cline — Elizabeth B Cline — Date: 4-29-96 — Daytime Phone: 407 626-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

CR2E034 (12/95)