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 Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90205 002 ***150.00

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1. Corporation Name	⁷ P96000045816	
ART CARROLL'S T	RACTOR SERVICE, INC.	

						-		
Principal Place	of Business	Mailing Address		_		T (1981) 21 1991 91101 68711 99114 89114 6871	I BINDI BIINI IEINI	
161 - 106TH AVE. SOUTH WEST PALM BEACH FL 33414 161 - 106TH AVE. SOUTH WEST PALM BEACH FL 33414			14		DO NOT WRITE IN THI	S SPACE		
		1				Date Incorporated or Qualifed 05/23/1996	- <u>-</u>	
2. Principal Pla	ace of Business	2a. Mailing Addre	SS			4. FEI Number	Ar	oplied For
21		26	_			65-0673468		ot Applicable
Suite, Apt. 1	ŧ, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		Additional
22		27						equired
City & State	1	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Country	Zip	Cou	intry		8. This corporation owes the current year li		101 663
Zip	25	29	30	,,,,,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current					10. Name and Address of New Registered		
	5. Haile and Address of Surface	regional regions		81	Name			
	st, ronald w			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
	CROTON AVE.			02	Street Addr	ress (P.O. Box Number is Not Acceptable)		<u>.</u>
LAN	TANA FL 33462			83				
				84	City		85 Zip	Code
				<u>L</u>	·	FI		
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	i Florida. Such chang	e was authorized	d by	the corporation	poration submits this statement for the purpose con's board of directors. I hereby accept the appropriate the control of the c	of changing its pintment as re	s registered egistered
SIGNATURE				_		<u> </u>		
	Signature, typed or printed name of registered agent			l Agen	nt signature require	xd when reinstating) DATE	ND DIDECT	NDC 11.12
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	CARROLL ARTHUR R		i i					
NAME	CARROLL, ARTHUR B 161 - 106TH AVE. SOUTH		1.2 N		- + DODE DO			l
STREET ADDRESS	WEST PALM BEACH FL 33414		ľ		F ADDRESS			
CITY-ST-ZIP TITLE	D	□ DE		ΠY-S' TIF	1-219		Change	☐ Addition
NAME	CARROLL, MARY D		22 N					
STREET ADDRESS	161 - 106TH AVE. SOUTH				ADDRESS			1
CITY-ST-ZIP	WEST PALM BEACH FL 33414				ST-ZIP			
TITLE	WEST THEM SERIOTTE SOTT	□ DE					Change	Addition
NAME			3.2 N)	· ·		
STREET ADDRESS			3.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			3.4. 0	iTY-S	iT-ZIP			
TITLE		☐ DE	LETE 4.1 TI	TLE			Change	☐ Addition
NAME			4.28	IAME	-	•		
STREET ADDRESS			4.3 S	TREET	TADORESS	•		
CITY-ST-ZIP			4.4 0	ITY-S	T- ZiP			
TITLE		□ D€					☐ Change	☐ Addition
NAME			5.2 N			•		,
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DE					☐ Change	Addition
NAME			6.2 N					
STREET ADDRESS					TADDRESS		•	
CITY-ST-ZIP			6.4 C	ITY-\$	T- <i>Z</i> (P			ł

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: