## 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

## DOCUMENT # P97000048421

Corporation Name

CHRISTENSEN TRACTOR SERVICES, INC.

Principal	Place	of B	usiness

1545 C.R. 13-A SOUTH

Mailing Address

1545 C.R. 13-A SOUTH

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90128 019 \*\*\*150.00



LATON FL SEU		LENION IL SEGO		DO NOT WRITE IN THIS SPACE				
				,	3. Date Incorporated or Qualifed 05/30/1997			
		O Maritim Address			4. FEI Number		ТТ,	applied For
2. Principal Pl .∃	ace of Business	2a. Mailing Address 26 P.O. Box 5029	7		59-3450834			ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u>'</u> -	<del></del>		\$		Additional
3	, , , , ,	27			5. Certifcate of Status Desired	·	Fee F	Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28 ELKTON F	L		Trust Fund Contribution		Addec	to Fees
Zip	Country		ountry		8. This corporation owes the current year	Intangi	ble	
•	25	29 32033 30	<u>и.</u> s	·	Personal Property Tax.		Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent	1_		10. Name and Address of New Register	ed Age	<u>nt</u>	
	IOTENIAENI ELUIO O		81	Name				
	ISTENSEN, ELVIS C		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
1545 C.R. 13-A SOUTH								
ELKT	ON FL 32033		83					
			84	City		. 8	5 Zip	Code
				- "	-	:L°		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	it Florida. Such change was authoriz	ea by	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointme	ent as i	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Ager	nt signature required	d when reinstating) DATE			
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS	AND D	IRECT	
TITLE	0	☐ DELETE 1.	TITLE		- <del></del>		Change	Addition
VAME I	CHRISTENSEN, ELVIS C	1.3	NAME	-				!
STREET ADDRESS	1545 C.R. 13-A SOUTH	13	STREET	T ADDRESS		4		1
CITY-ST-ZIP	ELKTON FL 32033	12	4 CITY-S	T-ZIP				
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CITY-ST-ZIP		5.	4 CITY-S	rt-ZIP				
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NAME	S. 1 5		2 NAME					
	) ·	6.	3 STREE	TADDRESS				
STREET ADDRESS	{		4 CEV. S	Į.				

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:** 

04-16-99

904-692-2093

SR2E034 (11/98)