

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V10748 (4)

1. Corporation Name

GENERAL TRACTOR AND EQUIPMENT COMPANY

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:50

Principal Place of Business

P.O. BOX 607297
ORLANDO FL 32860-7297

Mailing Address

P.O. BOX 607297
ORLANDO FL 32860-7297

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1992** 3a. Date of Last Report **05/31/1994**

4. FEI Number **59-3113616** 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. 119.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 their approval)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **BROWN, SHERWIN O**
STREET ADDRESS **379 SPANISH TOWN RD**
CITY, ST, ZIP **KINSTON JA**

TITLE **D**
NAME **COOPER, E. A.**
STREET ADDRESS **379 SPANISH TOWN RD**
CITY, ST, ZIP **KINGSTON, JAMAICA**

TITLE **D**
NAME **JENKINSON, A.**
STREET ADDRESS **379 SPANISH TOWN RD**
CITY, ST, ZIP **KINGSTON, JAMAICA**

TITLE **D**
NAME **VERNON, N.P.**
STREET ADDRESS **379 SPANISH TOWN RD**
CITY, ST, ZIP **KINGSTON, JAMAICA**

TITLE **D**
NAME **BROWN, SHERWIN O.**
STREET ADDRESS **379 SPANISH TOWN RD**
CITY, ST, ZIP **KINGSTON, JAMAICA**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **D**
23 STREET ADDRESS **WESTON, TREVOR**
24 CITY, ST, ZIP **379 SPANISH TOWN ROAD**
KINGSTON, JAMAICA

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(a), 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:

Sherwin O. Brown

SHERWIN O. BROWN

(Signature and typed or printed name of signing officer or director)

Date

(Signature of Agent)