

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # V10748 (4)
1. Corporation Name
GENERAL TRACTOR AND EQUIPMENT COMPANY

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

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1992	
4. FEI Number 59-3113616		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GREENE, PAUL 5626 PANTRIDGE DRIVE ORLANDO FL 32810				10. Name and Address of New Registered Agent 81 Name PAUL GREENE 82 Street Address (P.O. Box Number is Not Acceptable) 5626 PANTRIDGE DRIVE 83 84 City Orlando FL 85 Zip Code 32810	

11. Pursuant to the provisions of Sections 607.0802 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST BROWN, SHERWIN O	1.1 TITLE	Brown, SHERWIN O
NAME	379 SPANISH TOWN RD	1.2 NAME	379 SPANISH TOWN RD.
STREET ADDRESS	KINSTON JA	1.3 STREET ADDRESS	KINSTON JA
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WESTON TREVOR	2.1 TITLE	PAUL GREENE
NAME	379 SPANISH TOWN RD	2.2 NAME	5626 PANTRIDGE DRIVE
STREET ADDRESS	KINGSTON, JAMAICA	2.3 STREET ADDRESS	ORLANDO FLORIDA 32810
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JENKINSON, A.	3.1 TITLE	
NAME	379 SPANISH TOWN RD	3.2 NAME	
STREET ADDRESS	KINGSTON, JAMAICA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VERNON, N.P.	4.1 TITLE	
NAME	379 SPANISH TOWN RD	4.2 NAME	
STREET ADDRESS	KINGSTON, JAMAICA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BROWN, SHERWIN O.	5.1 TITLE	
NAME	379 SPANISH TOWN RD	5.2 NAME	
STREET ADDRESS	KINGSTON, JAMAICA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 registered agent 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: X

X Jan 21, 1998

CR2E034 (10/97)