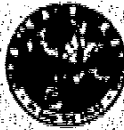


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # V24689

(4)

1. Corporation Name

WAGNER TRACTOR SERVICE, INCORPORATED

Principal Place of Business

821 W 6TH ST  
ENGLEWOOD FL 34223

Mailing Address

821 W 6TH ST  
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 2641 North Avenue

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ENGLEWOOD FL

City & State

27

Zip

24 34224

Country

25 Charlotte

Zip

29

Country

30

3. Date Incorporated or Qualified

03/26/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0321096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

WAGNER, SCOTT  
821 E 6TH ST  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

Scott Wagner

82 Street Address (P.O. Box Number is Not Acceptable)

2641 North Avenue

83

84 City

Englewood

FL

85 Zip Code

34224

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | P                 |
| NAME            | SCOTT A. WAGNER   |
| STREET ADDRESS  | 821 E. 6TH STREET |
| CITY - ST - ZIP | ENGLEWOOD FL      |
| TITLE           | S                 |
| NAME            | CINDY L. ARCAN    |
| STREET ADDRESS  | 821 E. 6TH STREET |
| CITY - ST - ZIP | ENGLEWOOD FL      |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 2641 North Ave                                                               |
| 1.4 CITY - ST - ZIP | Englewood, FL 34224                                                          |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 2641 North Ave                                                               |
| 2.4 CITY - ST - ZIP | Englewood, FL 34224                                                          |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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:

Cindy L. Arcan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

Date

813-473-1377

Daytime Phone #