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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

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Zip



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 201193

(0)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Funil = DENTIS GIR

MTD TECHNOLOGIES, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business Mailing Address 5201 102ND AVE NORTH 5201 102ND AVE NORTH PINELLAS PARK FL 34666 PINELLAS PARK FL 34666

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FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No

风

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

813 546-2416

Not Applicable

04/01/1957

59-0800204

5. Certificate of Status Desired

6. Election Campaigh Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

RUPPEL,GEORGE			81	Na	me					
5201 102ND AVE N			82	82 Street Address (P.O. Box Number is Not Acceptable)						
PIN	IELLAS PARK FL 34666		83	<u> </u>						
			83	ſ						
			84	City	у	FL	85	Zip C	ode	
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 reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	nit agan		ES TO OFFICERS AND	DIREC	CTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		1,551,10,10,11,14		Cha		Addition	
NAME	RUPPEL, DENNIS G		1.2 NAME							
STREET ADDRESS	5201 102ND AVE N.		1.3 STREET	ADDRE	iss :					
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY - S	T-ZIP						
TITLE	VD	DELETE	2.1 TITLE				Cha	inge	Addition	
NAME ,	RUPPEL, GEORGE		2.2 NAME		1					
STREET ADDRESS	5201 102ND AVE N.		2.3 STREET	ADDRE	ss)					
CITY-ST-ZIP	PINELLAS PARK FL		2. 4 CITY - 9	ST-ZIP						
TITLE	ST	☐ D£LETE	3.1 TITLE				Cha	inge	Addition	
NAME	CARPENTER, JAMES		3.2 NAME		CARPENTER, JAM	IE R				
STREET ADDRESS	5201 102ND AVE N.		3.3 STREET	ADDRE	ss					
CITY - ST - ZIP	PINELLAS PARK FL		3.4. CITY - S	iT-ZIP						
TITLE	D	DELETE	4.1 TITLE				Cha	inge	Addition	
NAME	RUPPEL, SANDRA J.		4. 2 NAME		}					
STREET ADDRESS	5201-102ND AVE N.		4.3 STREET	ADDRE	SS					
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-S	T- <u>ZIP</u>						
TITLE	V	DEFELE	5.1 TITLE				_] Cha	nge	Addition	
NAME	GREGORY, JONATHAN M.		5.2 NAME							
STREET ADDRESS	5201-102ND AVE. N.		5.3 STREET	ADDRES	ss					
CITY - ST - ZIP	PINELLAS PARK FL		5.4 CITY-S	T-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		Į.	Ţ	Cha	nge	Addition	
NAME			6,2 NAME		ł					
STREET ADDRESS			6.3 STREET	ADDRES	SS					
CITY-ST-ZIP			6.4 CITY-S							
14. I hereby certify that the information supplied with this fitting 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.										

Country

81 Name

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