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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G25449** (1)

1. Corporation Name
MIKE'S LAWNMOWER SALES & SERVICE, INC.



Principal Place of Business
**% MICHEL J. KURBANICK
510 NE 63RD ST.
OCALA FL 32670**

Mailing Address
**% MICHEL J. KURBANICK
510 NE 63RD ST.
OCALA FL 34479-5808**

3. Date Incorporated or Qualified
02/24/1983

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2323669

Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KURBANICK, MICHEL J.
510 NE 63RD ST.
OCALA FL 32670**

81. Name

SAME

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

83. Street Address

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 type 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 **P** ☐ DELETE

NAME **KURBANICK, MICHEL J**
STREET ADDRESS **510 N E 63RD ST**
CITY - ST - ZIP **OCALA, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **KURBANICK, DONNA L**
STREET ADDRESS **510 NE 63RD ST.**
CITY - ST - ZIP **OCALA FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna L. Kurbanick Sec/Treas 2/5/97 6942824

Date Daytime Phone #

CR2E034 (9/96)