

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 31 1998 8:00am  
Secretary of State

000463

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P97000076378 (3)**  
1. Corporation Name

**DEAN'S SMALL ENGINE AND MOWER REPAIR, INC.**

Principal Place of Business  
**5400-4 VERNA BLVD.  
JACKSONVILLE FL 32205**

Mailing Address  
**5400-4 VERNA BLVD.  
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |                                       |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/04/1997</b>  |                                       |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3466445</b>  | Applied For<br>Not Applicable         |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |  |  |  |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent<br><b>AMERILAWYER CHARTERED<br/>343 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b> |  | 10. Name and Address of New Registered Agent |  |
|  |  | 81   | Name   |
|  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  | 83   |  |
|  |  | 84   | City   |
|  |  | 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 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                      | <b>DPT</b>                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VINCENT, DEAN A</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1648 CHATEAU DR</b>       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32221</b> | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YOUNG, ROBERT</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1648 CHATEAU DR</b>       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32221</b> | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *Robert C. Young* (ROBERT C. YOUNG) 7-9-98 (904) 781-5090

CR2E034 (5/98)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 20, 1998

DEAN'S SMALL ENGINE AND MOWER REPAIR, INC.  
5400-4 VERNA BLVD.  
JACKSONVILLE, FL 32205

SUBJECT: DEAN'S SMALL ENGINE AND MOWER REPAIR, INC.  
Ref. Number: P97000076378

Please be advised, we have received your document for the above corporation; however, the document has not been filed and is being returned for the following:

The fee to file the annual report is \$150.00 plus [ \$400.00 late fee ] for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 998A00038392

/tw

AS PER TYRONE SCOTT, THIS IS MY  
FIRST ANNUAL REPORT RECEIVED, I GUESS  
I WAS LEFT OFF THE MAILING LIST, WHEN THE  
NOTICE WAS SUPPOSED TO BE MAILED. SINCE I STARTED THE  
CORPORATION IN SEPTEMBER, I THOUGHT ANNUAL REPORTS  
WERE DUE A YEAR LATER, NOT IN JANUARY. AS I NOW  
FIND OUT. TYRONE SCOTT TOLD ME TO SEND \$150.00  
+ 8.75, IF I WANT CERTIFICATE OF STATUS. THE \$400.00  
LATE CHARGE WILL BE WAIVED. CKE# 555 FOR \$150.00 SENT.