2000 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2000 8:00 am Secretary of State DOCUMENT # 388511 QUALITY LAWN MOWER AND SMALL ENGINE REPAIR, INC. 04-20-2000 90096 001 ***150.00 Principal Place of Business Mailing Address 799 NAVY STREET 799 NAVY STREET FT WALTON BEACH FLA 32547-2127 FT WALTON BEACH FL 32547 **ひしいまんります** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 59-1367675 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUNYAN, KENNETH L Street Address (P.O. Box Number is Not Acceptable) 601 N OVERBROOK DRIVE FT. WALTON EBACH FL 32547 I Sur Town Street City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI E Change ☐ Addition TITLE ☐ Delete RUNYAN, KENNETH L NAME NAME STREET ADDRESS STREET ADDRESS 601 N.OVERBROOK DRIVE CITY-ST-ZIP FORT WALTON BEACH FL CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE RUNYAN, JUANITA J. NAME NAME STREET ADDRESS STREET ADDRESS 601 N.OVERBROOK DRIVE CITY-ST-7IP CITY-ST-ZIP FT. WALTON BEACH FL ... ☐ Addition □ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PHINTED NAME OF FISHING OFFICER OR DIRECTOR

4/14/00 850-862-2015