

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90044 004 \*\*\*150.00

DOCUMENT # 462742

1. Corporation Name

AL'S SMALL ENGINES, INC.

Principal Place of Business

2496 BLANDING BLVD  
MIDDLEBURG FL 32068  
US

Mailing Address

2496 BLANDING BLVD  
~~SITE - 1A~~  
MIDDLEBURG FL 32068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1974

4. FEI Number

59-1554657

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 owes the current year tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PAINTER, LINA M  
4635 PETUNIA AVE  
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

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

83

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

*Lina M. Painter*  
Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/99  
Date

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HOUSTON, DEBORAH P.  
STREET ADDRESS 7314 MELVIN CR N  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE  
NAME PAINTER, ALBERT E JR  
STREET ADDRESS 2446 LIANA CT  
CITY-ST-ZIP MIDDLEBURG FL

TITLE D ☐ DELETE  
NAME PAINTER, CHARLES D.  
STREET ADDRESS P.O. BOX 460 N/A  
CITY-ST-ZIP MIDDLEBURG FL

TITLE D ☒ DELETE  
NAME AVALOS, KATHLEEN  
STREET ADDRESS 210 JEFFERSON AVE E  
CITY-ST-ZIP ORANGE PARK FL

TITLE MD ☒ DELETE  
NAME CRUM, DANIEL A.  
STREET ADDRESS 4272 EVERETT AVE.  
CITY-ST-ZIP MIDDLEBURG FL

TITLE P ☐ DELETE  
NAME PAINTER, LINA M  
STREET ADDRESS 4635 PETUNIA AVE  
CITY-ST-ZIP MIDDLEBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition  
1.2 NAME Albert E. Painter, Sr.  
1.3 STREET ADDRESS 4635 Petunia Avenue  
1.4 CITY-ST-ZIP Middleburg, FL 32068

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Roger MacEwen  
2.3 STREET ADDRESS 2717 Flynncove Road  
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Charles D. Painter  
3.3 STREET ADDRESS 4418 Antisdale Street  
3.4 CITY-ST-ZIP Jacksonville, FL 32205

4.1 TITLE MD ☐ Change ☒ Addition  
4.2 NAME Charles H. Kellar  
4.3 STREET ADDRESS 4034 Collins Road  
4.4 CITY-ST-ZIP Jacksonville, FL 32073

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE S/T ☒ Change ☐ Addition  
6.2 NAME Lina M. Painter  
6.3 STREET ADDRESS 4635 Petunia Avenue  
6.4 CITY-ST-ZIP Middleburg, FL 32068

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, with all other like empowered.

SIGNATURE: *Lina M. Painter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
Date

( anytime Phone #

CR2E034 (1/98)