

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 475601 (1)

1. Corporation Name
A & H LAWN MOWER SALES AND SERVICE, INC.



Principal Place of Business: 3475 NORTH U.S.1 MIMS FL 32754
Mailing Address: 3475 NORTH U.S.1 MIMS FL 32754

3. Date Incorporated or Qualified: 05/13/1975
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1667829
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes/No

9. Name and Address of Current Registered Agent: RANDALL, ALBERT P, SR, 4520 APOLLO RD, TITUSVILLE FL 32780
10. Name and Address of New Registered Agent (81-85) fields.

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: P	NAME: RANDALL, ALBERT P, SR	1.1 TITLE:	
STREET ADDRESS: 4520 APOLLO RD	CITY-STATE-ZIP: TITUSVILLE, FL 00000	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-STATE-ZIP:	
TITLE: ST	NAME: RANDALL, ALBERT P, JR.	2.1 TITLE:	
STREET ADDRESS: 2397 BBROADWAY AVE.	CITY-STATE-ZIP: MIMS FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-STATE-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:		3.2 NAME:	
CITY-STATE-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:		4.2 NAME:	
CITY-STATE-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:		5.2 NAME:	
CITY-STATE-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-STATE-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X *Albert P. Randall Sr.* 3-7-96 401 269-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)