

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:16

DOCUMENT # 585392 (4)

1. Corporation Name
CURRY FORD MOWER CENTER, INC.

Principal Place of Business: C/O DIBIA EAST ORLANDO LAWN EQUIP. 8611 E. COLONIAL DRIVE ORLANDO FL 32817
Mailing Address: C/O DIBIA EAST ORLANDO LAWN EQUIP. 8611 E. COLONIAL DRIVE ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1978
3a. Date of Last Report: 04/19/1994

4. FEI Number: 59-1851742
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 has liability for intangible tax under s. 100.002, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

STEENHAGEN, DANIEL J
8611 E. COLONIAL DRIVE
ORLANDO FL 32817

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: PD
NAME: STEENHAGEN, DANIEL J.
STREET ADDRESS: 8611 E COLONIA DRIVE
CITY - ST - ZIP: ORLANDO FL

12.2 TITLE: VST
NAME: STEENHAGEN, RUTH H.
STREET ADDRESS: 8611 E COLONIA DRIVE
CITY - ST - ZIP: ORLANDO FL

12.3 TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12.4 TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12.5 TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12.6 TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY - ST - ZIP:

13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY - ST - ZIP:

13.9 TITLE: Change Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY - ST - ZIP:

13.13 TITLE: Change Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY - ST - 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)(b), 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: Ruth Steenhagen RUTH A STEENHAGEN 7-1895 407-275-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date in Parenthesis

CR2E034 (3/95)