

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**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 32817-3915**

3. Date Incorporated or Qualified: **09/01/1978**      3a. Date of Last Report: **04/23/1996**

4. FEI Number: **59-1851742**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. Zip      Country

24.      25.      29.      30.      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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **PD**

NAME: **STEENHAGEN, DANIEL J.**

STREET ADDRESS: **8611 E COLONIA DRIVE**

CITY- ST- ZIP: **ORLANDO FL**

DELETE

TITLE: **VST**

NAME: **STEENHAGEN, RUTH H.**

STREET ADDRESS: **8611 E COLONIA DRIVE**

CITY- ST- ZIP: **ORLANDO FL**

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change       Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Ruth Steenhagen*      3-21-97      407-275-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)