## 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

## DOCUMENT # 652407 1. Corporation Name

SMITTY'S SNAPPIN' TURTLE MOWERS, INC.

Principal Place of Business 2506 SOUTH PARK DRIVE SANFORD FL 32773 Mailing Address

2506 SOUTH PARK DRIVE SANFORD FL 32773

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90008 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

						01/15/1980			
Place of Business	2a. I	Mailing Address				4. FEI Number		App	lied For
	-	-				59-1959670		Not	Applicable
# etc		Suite, Apt. #, etc.				<u> </u>		\$8.75 A	dditional
. #, etc.	$\vdash$	Salto, ript. II, oto.			•	5. Certifcate of Status Desired	نا	Fee Rec	
		City & Ctoto				C. Flanting Compaign Financing		\$5.00	dovi Po
City to Clare						, -		• -	•
						<del></del>			71.663
_ 555, _ , _ , _ ,			_	intry		-	ent year inta		ما دالات
25	. 29		30			l			XI No
9. Name and Address of Currer	t Registe	ered Agent		ļ		10. Name and Address of New I	Registered /	Agent	
	£			81	Name				
ITH, MICHAEL A.	] Bros r			92	Street Addres	es (P.O. Box Number is Not Accept	able)		
6 SOUTH PARK DRIVE	gra n	`		02	Stieet Addres	SS (F.O. DOX HUMBOR IS NOT NOOSP	zeti esetralitei A	e i gasara, iika e	and makes by
NFORD FL 32773	.)			83	•		10 14 10 14	El UKE SELVE	21 B. 2. 158
	,					。 1975年 1975年 1	生物的性		開始的課
	1 5			84	City		<del></del>	85 Zip C	ode
Crear Charles 1	1		<u>.                                    </u>				<u>r L</u>		
t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 60 of Florida tions of, S	7.1508, Florida Statu L Such change was a Section 607.0505, Flo	tes, the a authorized orida Stat	bove d by t utes.	-named corpoi the corporation	raugh submits this statement for the n's board of directors. I hereby acce	pt the appoir	ntment as reg	istered
	·						DATE		
Signature, typed or printed name of registered age		<del></del>		i Agent	signature required	when reinstating)		D DIRECTO	DC IN 12
	ID DIREC		_				FICERS AN		Addition
PD	Ý.	☐ DELETE	1.1 TI	TLE				□ cusuâe	L AGGILION
SMITH, MICHAEL A.	.,		1.2 N	AME					
AFOO O DADY DOIVE	,		1.3 \$	TREET	ADDRESS	•			
			140	ITY-ST	7IP				
	·	□ DFLETF						Change	☐ Addition
1 ,	k.						•		
	*.								
1	4		2.3 \$	TREET	ADDRESS				
SANFORD FL	<u>.</u>				T-ZIP				F* A 4 4 11 11
SUFF BASTRIANS	11	☐ DELETE	3.1 T	TLE	1	•		Change	Addition
	F : :	,	3.2 N	AME					
	· 12 · 1 · 1	) · · ·	335	TREET	ADDRESS	N		erry har a little fil	an andrews
\$ F080 PL 3(77)						· · · · · · · · · · · · · · · · · · ·			
<del>-</del>		ויין מכו בדר	_		1-217		Sec. 8. 18	☐ Change:	Addition
	•	L. DELETE				Mar Service & 25° 1			_
1 342 1 340 C	2 6		4.21	VAME	1				
S 12.77			4.3 S	TREET	ADDRESS				
			4.4 C	aTY-S1	r-ZIP				
1	3	☐ DELETE	5.1 T	TLE				☐ Change	☐ Addition
		_				*			
					ADORESS				
s er					1				
1 1 1 4	•		5.4 C	iTY-S	1-ZIP			Chassa	Addition
proceedings and the second									I LACOUGE
LANGER BOOK THE STATE OF THE STATE		☐ DELETE	6.1 T	MLE				☐ Change	
COMMENT AND THE STATE OF THE ST		☐ DELETE		ITLE IAME				Change	
SASE STATES		DELETE	6.2 N	IAME	TADDRESS	·		Change	,
COMMENT AND THE STATE OF THE ST	,	☐ DELETE	6.2 N 6.3 S	IAME				□ Change	
	Country  25  9. Name and Address of Curren  TH, MICHAEL A. 6 SOUTH PARK DRIVE  IFORD FL 32773  Ito the provisions of Sections 607.050  registered agent, or both, in the State am familiar with, and accept the obliga  Signature, typed or printed name of registered agen  OFFICERS AN  PD  SMITH, MICHAEL A. 2506 S PARK DRIVE  SANFORD FL  STD  SMITH, CONNIE LEE 2506 S PARK DRIVE  SANFORD FL  STO  SMITH, CONNIE LEE 2506 S PARK DRIVE  SANFORD FL	#, etc.  Country  25  9. Name and Address of Current Register  TH, MICHAEL A. 6. SOUTH PARK DRIVE  FORD FL 32773  To the provisions of Sections 607.0502 and 600 registered agent, or both, in the State of Florida arm familiar with, and accept the obligations of, 30 Signature, typed or printed name of registered agent and title if OFFICERS AND DIRECT OFFICERS OFFICE	#, etc.    Suite, Apt. #, etc.	#, etc.   Suite, Apt. #, etc.	#, etc.   Suite, Apt. #, etc.	#, etc.   Suite, Apt. #, etc.	# etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired    **Tete**  **City & State**  **Country**  **Country**  **Country**  **Country**  **Zip**  **Country**  **Suite, Apt. #, etc.   S. Election Campaign Financing Trust Fund Contribution    **Trust Fund Contributio	Inches   I	Application   Application

4. 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 907-322-281

Daytime Phone #

R2E034 (11/98)