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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **693315** **(4)**

1. Corporation Name
**KERSHAW'S MOWER & EQUIPMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 318 RAVEN ROCK LANE<br>C/O GEORGE C SCHMID<br>LONGWOOD FL 32750 | 318 RAVEN ROCK LANE<br>C/O GEORGE C SCHMID<br>LONGWOOD FL 32750 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1981
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business
21: 815 HILLARY COURT
22: Suite, Apt. #, etc.
23: City & State: LONGWOOD FLORIDA
24: Zip: 32750
25: Country: SEMINOLE

2a. Mailing Address
26: 815 HILLARY COURT
27: Suite, Apt. #, etc.
28: City & State: LONGWOOD FLORIDA
29: Zip: 32750
30: Country: SEMINOLE

4. FEI Number: 59-2106192 ☐ 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

9. Name and Address of Current Registered Agent

**SCHMID, GEORGE C**
**318 RAVEN ROCK LANE**
**LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 815 HILLARY COURT
83:
84 City: LONGWOOD **FL** 85 Zip Code: 32750

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | SCHMID, GEORGE C | 1.2 NAME | GEORGE A. SCHMID | |
| STREET ADDRESS | 318 RAVEN ROCK LN | 1.3 STREET ADDRESS | 815 HILLARY COURT | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | 1.4 CITY-ST-ZIP | LONGWOOD FLORIDA 32750 | |
| TITLE | VD | 2.1 TITLE | VSTD | ☒ Change ☐ Addition |
| NAME | SCHMID, JOANN E | 2.2 NAME | MARSHA D. SCHMID | |
| STREET ADDRESS | 318 RAVEN ROCK LN | 2.3 STREET ADDRESS | 815 HILLARY COURT | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | 2.4 CITY-ST-ZIP | LONGWOOD FLA. 32750 | |
| TITLE | STD | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SCHMID, GREGORY E | 3.2 NAME | | |
| STREET ADDRESS | 318 RAVEN ROCK LN | 3.3 STREET ADDRESS | DELETE | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(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 the 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:** George C. Schmid 4/25/95 407-339-2004
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE C. SCHMID

0040873 CP