

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 # F95000005286 (8)

1. Corporation Name

SNAPPER POWER EQUIPMENT, INC.



Principal Place of Business

535 MACON RD.  
MCDONOUGH GA 30253

Mailing Address

535 MACON RD.  
MCDONOUGH GA 30253

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

58-0439690

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PHILLIPS, JOHN D  
STREET ADDRESS 2210 RESURGENS PLZ, 945 E PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30326

☐ DELETE

TITLE D  
NAME CHMAR, W. TODD  
STREET ADDRESS 2210 RESURGENS PLZ, 945 E PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30326

☐ DELETE

TITLE PCEO  
NAME SCHWEINER, JERRY J  
STREET ADDRESS 535 MACON ROAD  
CITY-ST-ZIP MCDONOUGH GA 30253

☐ DELETE

TITLE VCO  
NAME JONES, JIMMIE W  
STREET ADDRESS 535 MACON RD.  
CITY-ST-ZIP MCDONOUGH GA 30253

☐ DELETE

TITLE V  
NAME LARSON, DAVID C  
STREET ADDRESS 535 MACON RD.  
CITY-ST-ZIP MCDONOUGH GA 30253

☐ DELETE

TITLE V  
NAME NELSON, JOHN P  
STREET ADDRESS 535 MACON RD.  
CITY-ST-ZIP MCDONOUGH GA 30253

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)