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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

535 MACON RD.
MCDONOUGH GA 30253

535 MACON RD.
MCDONOUGH GA 30253-3529

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

4. FEI Number

58-1473288

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN D	
STREET ADDRESS	2210 RESURGENS PLZ, 945 E PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHMAR, W T	
STREET ADDRESS	2210 RESURGENS PLZ, 945 E PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SCHWEINER, JERRY J	
STREET ADDRESS	535 MACON ROAD	
CITY-ST-ZIP	MCDONOUGH GA 30253	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	JONES, JIMMIE W	
STREET ADDRESS	535 MACON RD.	
CITY-ST-ZIP	MCDONOUGH GA 30253	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, DAVID C	
STREET ADDRESS	535 MACON RD.	
CITY-ST-ZIP	MCDONOUGH GA 30253	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, JOHN P	
STREET ADDRESS	535 MACON RD.	
CITY-ST-ZIP	MCDONOUGH GA 30253	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVIA KESSEL	
1.3 STREET ADDRESS	215 E. 67TH STREET	
1.4 CITY-ST-ZIP	NEW YORK, NY 10021	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN W. KLUGE	
2.3 STREET ADDRESS	215 E. 67TH STREET	
2.4 CITY-ST-ZIP	NEW YORK, NY 10021	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STUART SUBOTNICK	
3.3 STREET ADDRESS	215 E. 67TH STREET	
3.4 CITY-ST-ZIP	NEW YORK, NY 10021	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARNOLD WADLER	
4.3 STREET ADDRESS	ONE MEADOWLANDS PLAZA	
4.4 CITY-ST-ZIP	EAST RUTHERFORD, NJ 07073	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBIN C. KNIGHT	
5.3 STREET ADDRESS	535 MACON ROAD	
5.4 CITY-ST-ZIP	MCDONOUGH, GA 30253	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAUL KIEL	
6.3 STREET ADDRESS	535 MACON ROAD	
6.4 CITY-ST-ZIP	MCDONOUGH, GA 30253	

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 if changed, or on an attachment with an address.

SIGNATURE:

Paul R. Bise REQUIRED OF TAXES

4/28/97

(201) 531-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)