

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 # F96000002501

1. Corporation Name
STEINER TURF EQUIPMENT, INC.

Principal Place of Business

PO BOX 504
DALTON OH 44618-0504

Mailing Address

PO BOX 504
DALTON OH 44618-0504

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90152 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

34-1570665

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EICHLER, FRED
FRED J. EICHLER & ASSOCIATES
2812 MARRIE COURT
CLEARWATER FL 34621**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MEIER, TOM
STREET ADDRESS 289 N. KURZEN RD
CITY-ST-ZIP DALTON OH 44618

☐ DELETE

TITLE S
NAME CHUPP, MARY
STREET ADDRESS 289 N. KURZEN RD
CITY-ST-ZIP DALTON OH 44618

☐ DELETE

TITLE T
NAME RICE, TOM
STREET ADDRESS 289 N. KURZEN RD
CITY-ST-ZIP DALTON OH 44618

☐ DELETE

TITLE D
NAME STUART, TOM
STREET ADDRESS ONE BOB CAT LANE
CITY-ST-ZIP JOHNSON CREEK WI 53038

☐ DELETE

TITLE AS
NAME HOWLEY, KEVIN J
STREET ADDRESS 1000 N WATER ST
CITY-ST-ZIP MILWAUKEE WI 53202-3186

☐ DELETE

TITLE AT
NAME DAILEY, JEFFREY G
STREET ADDRESS 900 N 21ST ST
CITY-ST-ZIP LINCOLN NB 68501-2409

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 5, 1999

330-828-0200

Date

Daytime Phone #

CR2E034 (11/98)