

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G15268 (7)

1. Corporation Name

GOODKNIGHT LAWN EQUIPMENT, INC.

Principal Place of Business

Mailing Address

1526 OLD DOKE HIGHWAY
VERO BEACH FL 32960

1526 OLD DOKE HIGHWAY
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1992

01/25/1994

4. FEI Number

Applied For

59-2251611

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 a foreign tax under s. 169.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

24

29

30

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKSEY, BYRON T.
979 BEACHLAND BLVD.
VERO BEACH FL 32963

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 in printed name of registered agent and the filer, if applicable

NOTE: Registered Agent signature required when re-electing

DATE

12. OFFICERS AND DIRECTORS

13. ALL OTHERS (NAME, ADDRESS, CITY, STATE, ZIP CODE) ☐ Change ☐ Addition

TITLE

PD
GOODKNIGHT, MARSHALL K.
2002 AVILLA AVENUE
VERO BEACH FL

11 TITLE

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY, ST, ZIP

14 CITY, ST, ZIP

15

21 TITLE

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY, ST, ZIP

25

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY, ST, ZIP

35

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY, ST, ZIP

45

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY, ST, ZIP

55

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

64 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)(c), 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:

Marshall K. Goodnight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARSHALL K. GOODKNIGHT

6-30-95

407 589 0731