**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # G72043

SPRING HILL MOWERS, INC.

Principal Place	e of Business	Mailing Address				DIE ATDEL BING MINUS R	IDII 81811 1881
% PHILIP FERRARA % PHILIP FERRARA							
3470 DELTONA BLVD. 3470 DELTONA BLVD.				DO NOT WRITE IN TI	HIS SPACE		
SPRING HILL FL 34606 SPRING HILL FL 34606				3. Date Incorporated or Qualifed	01 /100	·	
					11/28/1983		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-2366493	No	t Applicable
Suite, Apt.	#-etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	<u>-</u>		5. Certificate of Citation Desired	Fee Re	quired
City & State	te	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	9. Name and Address of Current	29 30	0		Personal Property Tax.  10. Name and Address of New Register		
	5. Name and Address of Current	Leaning Washing	81	Name	to traine and reasons of the regions.	<u> </u>	
FERI	rara, Philip			0 (4)	(D.C. D. Alembaria Not Assessable)		
3470 DELTONA BLVD.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
SPRI	ING HILL FL 34606		83				
				Oit		85 Zip C	`ode
			84	City	F	FL  ```	
11. Pursuant office or re	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes of Florida, Such change was auth	, the above horized by	named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
anent La	m familiar with, and accept the obligation	iona of Saction 607 0505 Elocid	la Statutae				
, agont. ru				<u>-</u> _			-
SIGNATURE	Philip FERRA	RA - Grasio	eNT	<u>.</u>	4-	14-9	-
SIGNATURE	Philip FeaRA Signature, typed or printed name of registered agent	RA — Unu SIO	egistered Agen	<u>.</u>		14-9	9
	Philip FERRA	RA — Unu SIO	eNT	<u>.</u>	ulred when reinstating) DATE	14-9	9
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	RA — (nd SiO) t and title if applicable. (NOTE: Ri D DIRECTORS	egistered Agen	<u>.</u>	ulred when reinstating) DATE	14-9 AND DIRECTO	9 RS IN 12 ·
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI P FERRARA, PHILIP PDP6159	RA — (nd SiO) t and title if applicable. (NOTE: Ri D DIRECTORS	egistered Agen 13. 1.1 TITLE	nt signature requ	ulred when reinstating) DATE	14-9 AND DIRECTO	9 RS IN 12 ·
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P FERRARA, PHILIP PDP6159 6159 AIRMONT DR.	RA — (nd SiO) t and title if applicable. (NOTE: Ri D DIRECTORS	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	ulred when reinstating) DATE	14-9 AND DIRECTO	9 RS IN 12 ·
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P FERRARA, PHILIP PDP6159 6159 AIRMONT DR. SPRING HILL FL	AA — VAL SIO I and title if applicable. (NOTE: RI D DIRECTORS	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	nt signature requ	ulred when reinstating) DATE	14-9 AND DIRECTO □ Change	RS IN 12 ···
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P FERRARA, PHILIP PDP6159 6159 AIRMONT DR. SPRING HILL FL S FERRARA, ARLENE T.	AA — VAL SIO I and title if applicable. (NOTE: RI D DIRECTORS	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	nt signature requ	ulred when reinstating) DATE	14-9 AND DIRECTO □ Change	RS IN 12 ···
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Philip T-RRA Signature, typed or printed name of registered agent  OFFICERS ANI P FERRARA, PHILIP PDP6159 6159 AIRMONT DR. SPRING HILL FL S FERRARA, ARLENE T. 6159 AIRMONT DR. SPRING HILL FL VP	AA — VAL SIO I and title if applicable. (NOTE: RI D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T ADDRESS	ulred when reinstating) DATE	14-9 AND DIRECTO □ Change	RS IN 12 ···
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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 changes, or on an attachment withen address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90145 013 \*\*\*150.00