

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 # H70075 (7)

1. Corporation Name

ROYAL EDGER & MOWER COMPANY, INC.



Principal Place of Business

Mailing Address

% SCALLION
150-2ND AVENUE N., STE 1600
ST. PETERSBURG FL 33701

% SCALLION
150-2ND AVENUE N., STE 1600
ST. PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21 c/o Scallion

26 c/o Scallion

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1135 Pasadena Ave S, S-140

27 1135 Pasadena Ave S, S-140

City & State

City & State

23 St Petersburg, FL

28 St Petersburg, FL

Zip

Country

Zip

Country

24 33707

25 US

29 33707

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCALLION, GERALD P., ESQUIRE
150-2ND AVENUE N., STE. 1600
ST. PETERSBURG FL 33701

81 Name

Gerald P. Scallion, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1135 Pasadena Avenue South

83

Suite 140

84

City
St Petersburg

FL

85

Zip Code
33707

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 607.0503, Florida Statutes.

SIGNATURE

G.P. Scallion

6/24/96

Signature of registered agent or principal officer and the day of the month and year of filing. (If the registered agent is not a resident of Florida, the signature of the principal officer must be filed.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMILLAN, JOHN	
STREET ADDRESS	150-2ND AVE N, STE 1600	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JONES, LESA	
STREET ADDRESS	150-2ND AVE N, STE 1600	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LESA MCMILLAN
2.3 STREET ADDRESS	1135 Pasadena Ave S, #140
2.4 CITY - ST - ZIP	St. Petersburg FL 33707-2884
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John McMillan

6/12/96

573-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Time Phone #

CR2E034 (12/95)