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May 02 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 # J78505 (1)  
1. Corporation Name  
R AND R LAWN AND GARDEN EQUIPMENT SERVICE, INC.



Principal Place of Business  
30090 SW 170 AVENUE  
HOMESTEAD FL 33030

Mailing Address  
30090 SW 170 AVENUE  
HOMESTEAD FL 33030-3407

3. Date Incorporated or Qualified  
06/18/1987

3a. Date of Last Report  
05/14/1996

4. FEI Number  
65-0026272

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SMITH, JAMES ARCHER, JR.  
30090 SW 170 AVENUE  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: Type 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                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, JAMES ARCHER, JR.          | 1.2 NAME  |   |
| STREET ADDRESS             | 30090 SW 170 AVE.                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HOMESTEAD FL                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 2.2 NAME  |   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

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: James Archer, Jr. 4/24/97 305-247-0985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)